

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	12/08/2024 16:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/08/2024 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	202A TAMPINES STREET 21 MSCP (TMTM43)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7430M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG HIM HWEE
NRIC No	SXXXX996G
Email Address	tng_hh@yahoo.com.my
Mobile Phone No	(Phone) +65-97839188
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991
Vehicle Fuel	-
First Registration Date	25/05/2016
Chassis no	WDD2120362B305829
Effective Date/Time of Ownership	25/05/2016 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPV010006498

DRIVER

Name of Driver	TANG HIM HWEE
No	SXXXX996G
Date of Birth	10/11/1957
Occupation	Indoor
Driving Pass Date	20/06/1977
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	47 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97839188
Alt. Phone Number	-
Email Address	tng_hh@yahoo.com.my
Address	61 PASIR RIS GROVE #07-01
Address complement	-
Postcode	518215
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK80S
Vehicle Manufacturer	-

le Model	-
le Variant	-
le Colour	-
icle Category	Private car
me of Driver	-
ontact Number	-
ddress	-
ddress complement	-
Postcode	-
Insurance Company Name	United Overseas Insurance Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) Investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")

(b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



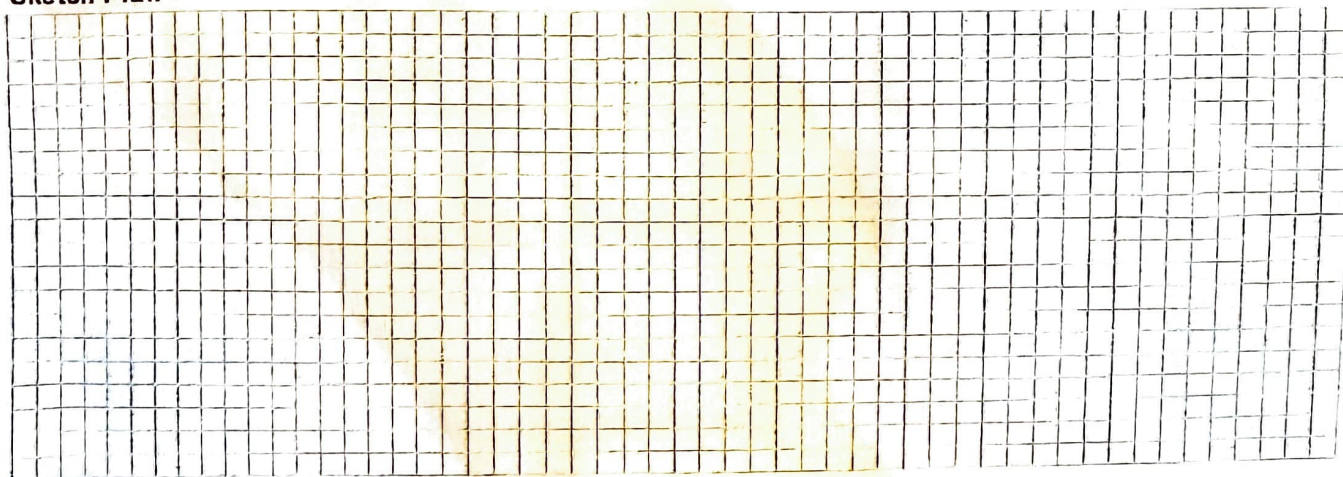
Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

Foong Shih Jye
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4346 HP: 97896038 Fax: 6872 1272
Email: shihjye.foong@cyclecarriage.com.sg

Witnessed by Reporting Centre
Personnel

Sketch Plan




Describe Circumstances of the Accident

I PARKED MY CAR SLC7430M AT CARPARK (CODE TMTM43) AROUND 11AM.
AROUND 830PM, I SAW A NOTE LEFT ON MY WINDSCREEN, MENTIONING THAT SJK80S
HAD AN IMPACT WITH MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

Foong Shih Jye
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4348 HP: 97898038 Fax: 6872 1272
Email: shihjye.foong@cyclecarriage.com.sg
Witnessed by Reporting Centre
Personnel