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 witholding 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.

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 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 09/09/2024 12:42 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 07/09/2024 10:30 (SGT) Exact Location of Accident Near 15 Kaki Bukit Rd 3, Singapore 415886 Additional Location Information KAKI BUKIT ROAD 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK3898U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM CHOO HE NRIC No SXXXX128F Email Address CHLIM@ENSEE.COM.SG Mobile Phone No (Phone) +65-93389562 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model **CAMRY HYBRID 2.5G A** Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2487 Vehicle Fuel Petrol-Electric First Regisration Date 08/03/2019 Chassis no AXVH701027080 Effective Date/Time of Ownership 08/03/2019 04:03 (SGT)

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address	LIM CHOO HE SXXXX128F 12/06/1966 Outdoor 25/10/2000 3 Valid 23 YEARS AND 11 MONTHS Male (Phone) +65-93389562 CHLIM@ENSEE.COM.SG
Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	BLK 37 BEDOK SOUTH AVENUE 2 06-451 SINGAPORE 460037 -
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	No - -
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
On 7th September 2024 at 1030hrs, my vehicle (A: SMK3898U) w make a right turn onto Kaki Bukit Industrial Terrace. While stational inspection, I observed that vehicle (B: GBE8173G) had collided or GBK5931Z) had subsequently collided with the rear of vehicle B, r We exchange particulars and left the accident scene. No one was injured.	rry, I felt a sudden impact from the rear of my vehicle. Upon to the rear of my vehicle. Further inspection revealed that vehicle (C:
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment? Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8173G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	GBK5931Z
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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.

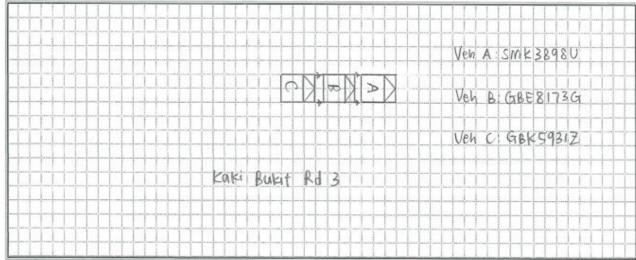


Policyholder's Signature / Date & Time

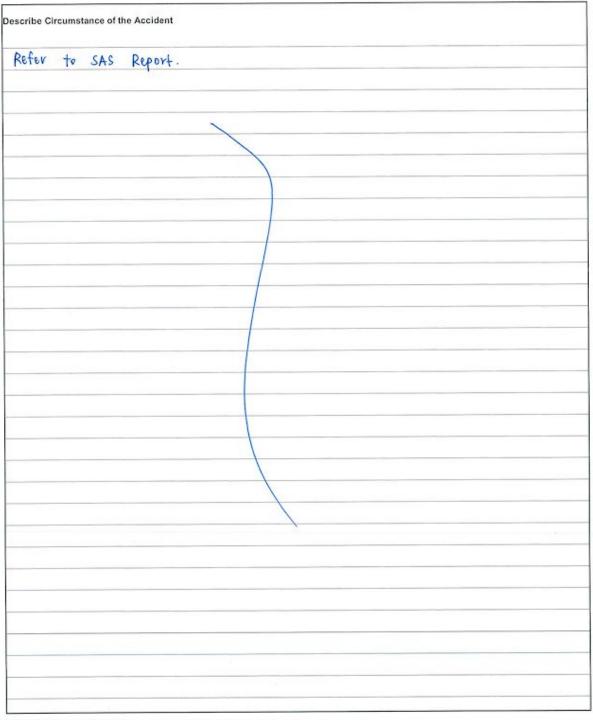
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022



Declaration

I/We declare the foregoing particulars are true in every respect.

vJun2022

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