

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	01/11/2024 16:08 (SGT)
Reported by	Actual Driver
Date of Accident	31/10/2024 11:55 (SGT)
Exact Location of Accident	Bayfront Ave, Singapore
Additional Location Information	towards Suntec City
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1979K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Teh Dan Lin
NRIC No	SXXXX808Z
Email Address	kelvin.kwee@gmail.com
Mobile Phone No	(Phone) +65-96773173
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	Kwee Tjoe Liong@Mulia Kasman
NRIC No	SXXXX317G
Date Of Birth	12/08/1962
Occupation	Indoor
Driving Pass Date	15/02/1980
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85113117
Alt. Phone Number	-
Email Address	kelvin.kwee@gmail.com
Address	77 Binchang Rise
Address complement	-
Postcode	579970
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	Teh Dan Lin
Gender	Female

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

Please refer to the sketch/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	SMX1068T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Teh Dan Lin
Gender	Female
Phone No	(Phone) +65-96773173
Address	77 Binchang Rise
Address Complement	-
Post Code	579970
Approximate Age Years Old	57
Injuries Sustained	-
Injured person in which vehicle?	SLH1979K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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
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
- 1 NOV 2024


Actual Driver's Signature (if driver is not the policyholder) / Date & Time
- 1 NOV 2024


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

Sketch Plan

Please refer to attachment.



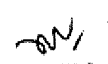
vJun2022

Describe Circumstance of the Accident

Please refer to attachment.

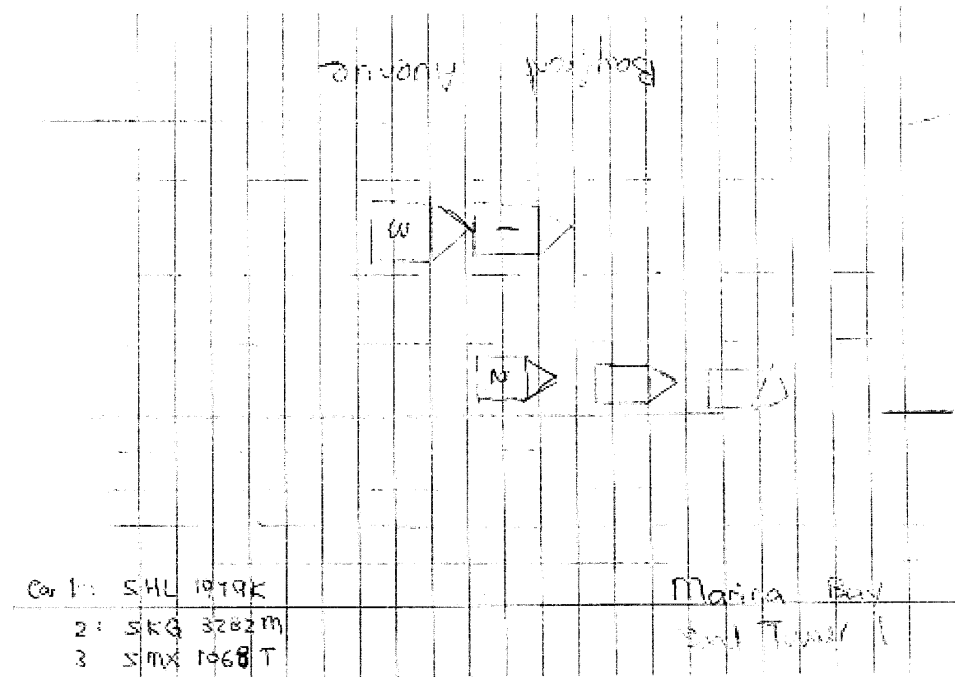
Declaration

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

 Policyholder's Signature / Date & Time - 1 NOV 2024	 Actual Driver's Signature (if driver is not the policyholder) / Date & Time - 1 NOV 2024	 Witnessed by Reporting Centre Personne: (Name as in NRIC/ID card) Jenny Lim
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Year 2022

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K6
282M

On 31/10/2024 around 11:55 am, I was driving on the 2nd lane from the left along Bayfront Avenue towards Subes City direction. Suddenly a gray BMW on the most left lane cut into my lane to filter all the way to the most right lane as he wants to make a turn at the traffic junction near Marina Bay Sands Tower 1.

To avoid a collision with him, I had to immediately slow down my car to

almost ~~to~~⁹ stop and even honned to warn him. Just shortly after, before I could pick up speed again to drive off, the car SMX 1068 T directly behind me couldn't stopped in time and knocked straight into my rear bumper. My wife is at the passenger seat and suffered a cut in her inner lip and some etc. discomfort at the back area due to the impact.