Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 29/12/2017 09:50

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 Authorised 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 ability.
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 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 Report	29/12/2017 09:45
Date Of Accident	25/12/2017 10:20
Exact Location Of Accident	SECOND LINK CAUSEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD682E
Insured/Policyholder	
Name Of Registered Owner	HE DAONING
NRIC No	S2648076J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96174625
Alternative Phone No	OFFICE-96174625
Vehicle Particulars	
Manufacturer	AUDI
Model	A6
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01014013
Cover Note Number	
Driver	
Name of Driver	HE DAONING
NRIC No	S2648076J
Date Of Birth	23/04/1966
Occupation	INDOOR
Date Of Driving Pass	13/09/1996
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96174625
Fax Number	
Contact Number	OFFICE-96174625
EMail Address	NOEMAIL

Address	BLK 201A PUNGGOL FIELD #09-210
Postcode	821201
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : WU CHUN GENDER: : FEMALE
Passenger 2	NAME: : WANG LING YAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

TRAFFIC IS HEAVY WHEN VEHICLE B FROM THE LEFT LANE ROAD SHOULDER CUT INTO MY LANE AND COLLIDED INTO MY VEHICLE'S FRONT LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT931Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

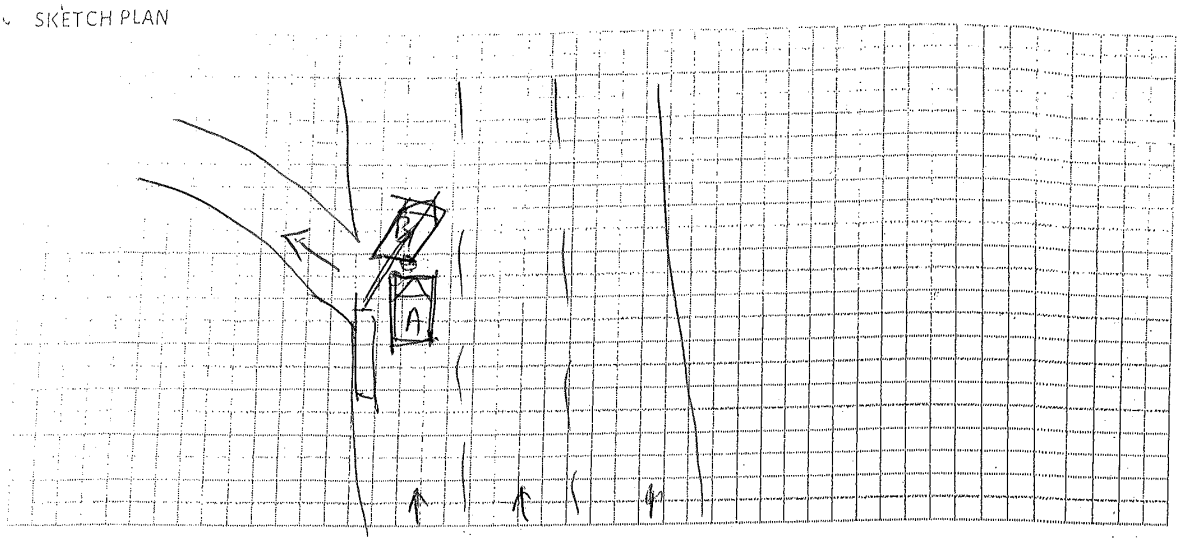
   (ii) for complying with requirements under any regulations, laws or court orders.

28/12/17

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic is heavy when vehicle B from the left lane road shoulder cut into my lane and collided into my vehicle's front ~~right~~ left portion.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo

Accident Photo

Accident Photo

Accident Photo

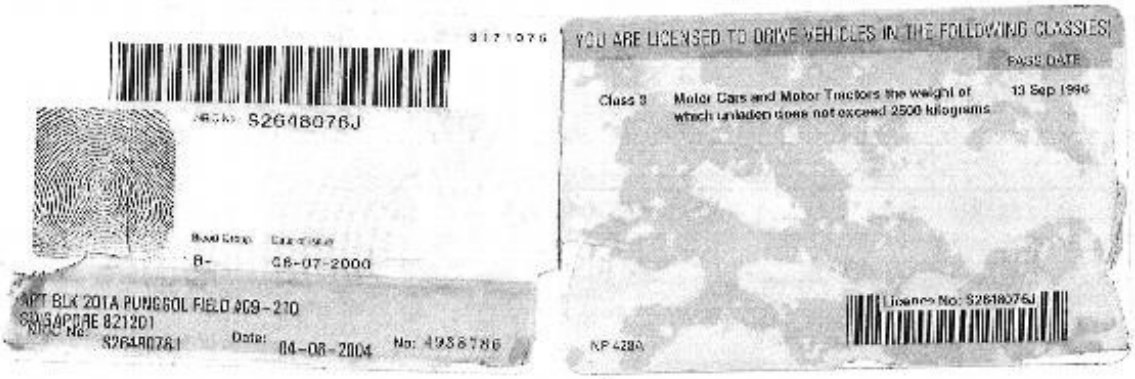
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Driving License



INSURANCE

SOMPO

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 96)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1965
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No.	[illegible]
Insured	[illegible]
Motor Car (Registration No.)	[illegible]
Cover	[illegible]
Policy Commencement Date	[illegible]
Policy Expiry Date	[illegible]
Maximum Liability (Section I)	[illegible]
Excess*	[illegible]
Voluntary Excess*	N.A.
Windscreen Excess*	[illegible]
Loss of Use	[illegible]

* Subject to GST whenever applicable

Pursuant to Clauses of Persons entitled to drive*
1. The insured
2. any other person who is driving on the insured's order or with his permission
3. in the event of the death of the insured
   a. any member of the insured's family or a paid driver who was then driving the Motor Car during the time of the insured's permission to drive but not been notified prior to the death of the insured, and
   b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been authorised who is not disqualified by order of a Court of Law to by reason of any enactment or regulation in that behalf from driving the Motor Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitation As To Use
Use only for social, domestic and pleasure purposes and for the business. The Policy does not cover use for Hire or reward, racing, pace making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in physical possession of the Motor Trade.

Exclusions, Warranties and Authorised Repairer
It is a condition precedent to liability that the insured should cause the Claimant's Authorised Repairer Contact with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at Authorised Workshops, otherwise the claim is not payable under the Policy. The Authorised Workshop Work cost claim repairs in the Motor Car can be carried out at any Workshop other than Authorised Workshops.

For list of Authorised Repairer Contact and Authorised Workshop please visit our website or other business centre or call our Customer Service Hotline [illegible]

[illegible]

Sompo Insurance Singapore Pte. Ltd.

Stellaf

Authorised Signatory

Date/Time of issue: [illegible]

[illegible]

[illegible]