SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 willful 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	13/11/2017 14:13
Date Of Accident	13/11/2017 09:30
Exact Location Of Accident	ALONG PIONEER ROAD TOWARDS JALAN BUROH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE2806T
Insured/Policyholder	
Name Of Registered Owner	CA TRANSPORTATION & WAREHOUSING PTE LTD
Co Reg No	199200740D
Email Address	JUDY@CATPTN.COM
Mobile Phone No	
Alternative Phone No	OFFICE-66974581
Vehicle Particulars	
Manufacturer	ΨOLVO
Model	FM420 42T RSS SC-12.8 D (M)
Exact Purpose for which vehicle was being used time of accident	l at
Are you claiming under your own insurance police for repair to your vehicle?	^{cy} NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	하는데 환경하다 하는 사람들이 된 수 있는 것이라고 있는 것이라고 있다.
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D17MTHCVE001155
Cover Note Number Driver	
Name of Driver	NG WEE LIN
NRIC No	\$9014390E
Date Of Birth	24/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2012
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92705072
Fax Number	
Contact Number	

NOEMAIL

Address

APT BLK 443A FAJARİROAD

#15-104

Postcode

671443

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO

Was any other material or property damaged?

NO YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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

REFER ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBD7681T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

SULAIMAN BIN ASRAN

NRIC/Passport Number

S7029518J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

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- 3. Consent under the Personal Oata Protection Act (PDPA)

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- (a) My resurer, my workshop and the kerneral represence Association of Singapene ("GIA") may refer personal to the later disclose and/or process my nervoted to the later personal information set not or this (form) and any other personal microsidem provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer with Personal Information to all information to all information to all information being 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 licins, the Mometary Authority of Singapore and any religion government agency/authority (such as the policit), for the purposets) of
 - (i) processing, handling the fix decing variety callers recinding the settlement of the ribits and any necessary investigations relatively.
 - (ii) investigating the scalent and/or my dams
 - find carrying our weater days nig with my matrix tions or responding to any enquires by me,
 - for administrategory of this first along the anomy of correspondence, substancents, associas, deports or names to me, which could involve abscissive of certain personal data and at to being about delivery of the same as well as on the external cover of enveloces/mad packaged; and/or
 - (v) complying with applicable low in administrating, processing, bandling and/or dealing with my claims (collectively the "Purposes")
- (ti) all insurer(s) who have infaned vehicle(s) involved in this accident and the fusioner. however, have from may/are permeted to editect, use, disclose addronunces and Poisonal Infarmation for one of the above Poisons, and.
- (c) my Personal Information (may) an included by any of the teaurers and/or GIA to their third party service provides or agents for fully their lawyer of an increase which may be used eathedy of Singapore, for one or many of the other Requires.
- (d) my Personal information will also be collected and used to rempile claims before for the purpose of fizing detection, investigation and management in present and all future claims.
- (e) the information so collected writer (if) above thay be shared / disclosest
 - III to all insurers and/or any other third polities that assist in evaluating, investigating, controlling or managing fraid regulators, law entired months and government agencies as reasonably required for the proposes stated, or
 - (iii) for complying wate and parements under any regulations, take or court outers

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Date & Time:

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Date & Time.

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Reporting Confe Resonant's Squartore

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SKETCH PLAN

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DECLARATION

Trues our ficulars are true in every respect. I/We declare the to

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Dervor's Suffratuer

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Date & Time.

Reporting Control Forsonvol's Signature

Name:

Marse: Jerebia: Jerebia