

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 withholding 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 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	09/02/2018 11:02
Date Of Accident	08/02/2018 15:45
Exact Location Of Accident	FROM AIRPORT BLVD (INTO SLIP RD TOWARDS TPE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD587Y
Insured/Policyholder	
Name Of Registered Owner	MOK BOON RUI
NRIC No	S8129410J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97260409
Alternative Phone No	OFFICE-97260409

Vehicle Particulars

Manufacturer	BMW
Model	520I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	D17MTPV01004872
Cover Note Number	

Driver

Name of Driver	LEE HUI MIN,DAPHNE
NRIC No	S8238089B
Date Of Birth	13/11/1982
Occupation	INDOOR
Date Of Driving Pass	12/06/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97260409
Fax Number	
Contact Number	
Email Address	CHO_82@HOTMAIL.COM

Address 10 SELETAR GREEN WALK SINGAPORE 805246
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
Vehicle Registration Number of Driver's Own Vehicle -
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: : MOK ZI LONG JAMES
GENDER: : MALE
Passenger 2
NAME: : THELMA
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

Involved in a vehicle collision due to an accident ahead of the road. There was one vehicle that stopped suddenly in the middle of the road, rest of cars behind had to brake. As a result, I had to brake as the car in front of me braked suddenly. Managed to brake in time and didn't hit the car immediately in front of me. There was no contact with the vehicle in front of me. However was hit in the rear by a taxi, thus sustaining damage to the back of my car. No injuries involved. That's all.

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 SHB3288L
Vehicle Make/Model/Colour HYUNDAI/SONATA/YELLOW
Details Of Properties
Vehicle Category TAXI
Name of Driver MR TAN
NRIC/Passport Number
Contact Number 96786345
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

First capital.

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Sketch Plan

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 be 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 insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles 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 insurers who have insured vehicles involved in this accident and the insurers' lawyers/law firms, may be 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 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 located outside of Singapore, for one or more of the above Purposes.

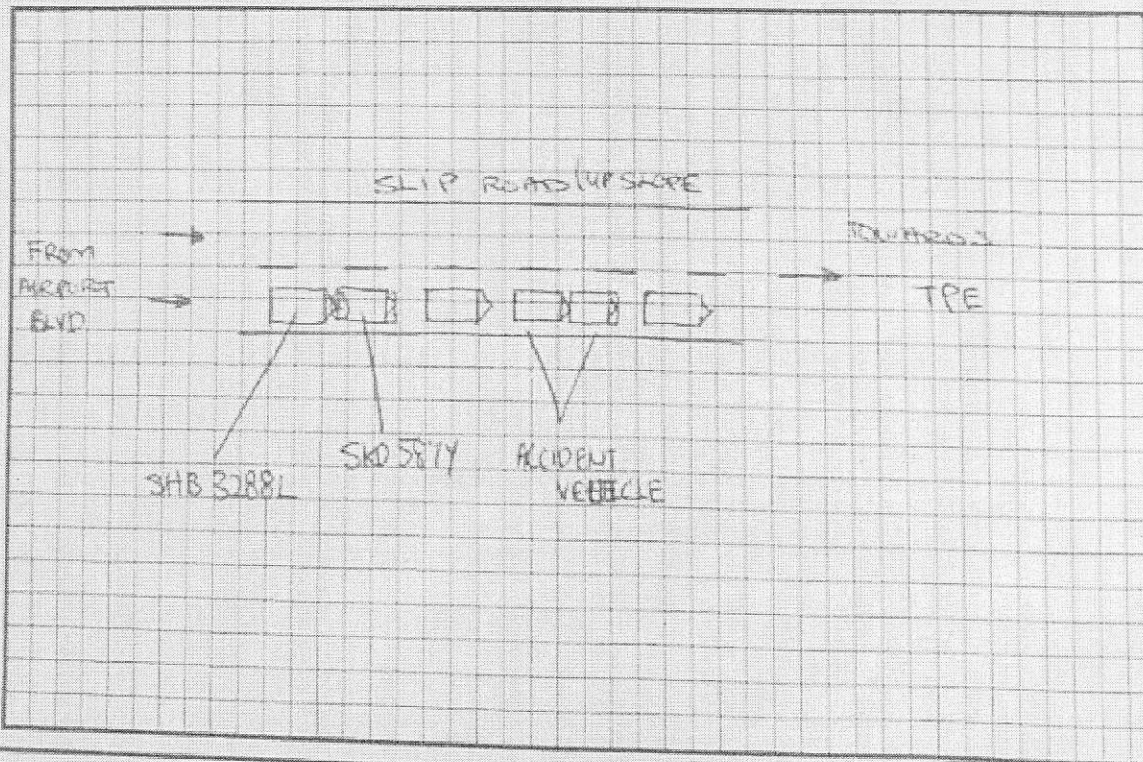
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FAZLY BIN ISMAIL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 February 2018 10:22 am

Date/Time:

9 February 2018 10:22 am