SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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 <u>truthful and accurate</u> 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 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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/02/2018 13:29
Date Of Accident	13/02/2018 21:40
Exact Location Of Accident	SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM6975L
Insured/Policyholder	
Name Of Registered Owner	LOW FATT CHYE (LIU FAZAI)
NRIC No	S7218884E
Email Address	FATTCHYE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93654159
Alternative Phone No	OTHERS-93654159
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 1.5X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	D17MTPV01005523
Cover Note Number	07/04/2017 - 06/04/2018
Driver	
Name of Driver	LOW FATT CHYE (LIU FAZAI)
NRIC No	S7218884E
Date Of Birth	29/05/1972
Occupation	INDOOR
Date Of Driving Pass	12/12/1994
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93654159
Fax Number	

OTHERS-93654159

FATTCHYE@YAHOO.COM

Address BLK 319B ANCHORVALE DRIVE #09-102

Postcode 542319

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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : LOW YI XUAN

GENDER: : FEMALE

Passenger 2 NAME: : NUR HALIMAH

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

WHILE WAITING FOR TRAFFIC LIGHT TO TURN GREEN, MOTOR CAR SJN3081D CAME FROM BEHIND AND HIT ONTO MY VEHICLE REAR PORTION. NO ONE WAS INJURED.

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 SJN3081D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIM HAO

NRIC/Passport Number S8631870I

Contact Number

Address Postcode Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO .: VIM 6975L INSURER DATE & TIME: /

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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. The 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 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)
 - (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")
- 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.

Policyholder's Signature

Date & Time: 14/02

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No

	A JUM 6975L
	(W 2 passungers:
	1) Low Yi Xuan-
A .	2) Nur Halimah-
2 1	B: SJM3081D
1 E	\$6318701
A A final control of the control of	
美	
ESCRIBE CIRCUMSTANCES OF 1	THE ACCIDENT
1/	
Venicu No: SLM 69	975L (sompo)
Date & Time: 13/02/	18 @ 2140 (clean dw)
Milester of	
While Waiting for 1	traffic light to turn green, Motor car SJN3081D
came from Shehind	and bit onto my whice year portion. No one
	and all all the state that belleving
was injured.	THE REPORT OF THE PARTY OF THE
	Samula self, or grantes with high taken
	connects you notable translation and participation [13]
	Test administrative was them to coulous the entire of correspondence. Unformatic ma
and or against the discount of the	As because agreed and area to really a row for reasonable and the accomplishment for the property of the contract of the property of the contract of the contr
and a solid will be a solid	di brasili girat di ara i rati aran benara natra il rati un mentri di artica biancia interita 10/bre: (rigelia) fazi un mile ese 10/bre: (rigelia)
	A books great at our some consequence out out to expect at the consequence of the consequ
and a sold in a dispersion of the con-	A bound provided and an extensive provided by a contract of an interest of the state of the stat
and an application of the part	As beauty great at less to this area transport neutron to receptable out on the problem. 10/bres Englished for templates 10 to the state of the first templates 10 to the state of the first templates (a) 20/bres Englished for the state of the first templates and the state of the first templates of the state of the first templates of the firs
Section applies to charge version and the control of the control o	A China (Ingelia) had to provide the second of the second had to be seen a second to be seen as the second terretor of the second terreto
and an application of the part	to be a property of the proper
And a solid or and a solid or an analysis of the solid or an analysis of the solid or analysis of	A country of the control of the cont
And the state of the second se	A calculated and a product of a content of a calculated and a calculated a
Service of the client of the part of the p	A check of the control of the character
Account of the control of the contro	A calculation of the control of the
Section 2 and 2 an	10bree. (regarded) lace to provide a pro
	surer may have 14days Time Frame for you to submit an Own Damage Claim
under your own compreh	surer may have 14days Time Frame for you to submit an Own Damage Claim hensive policy. Please check with your policy for more information.
under your own compreh	hensive policy. Please check with your policy for more information.
under your own compreh	hensive policy. Please check with your policy for more information.
under your own compreh	hensive policy. Please check with your policy for more information.
under your own comprehence the foregoing particulars	hensive policy. Please check with your policy for more information.
under your own compreh	hensive policy. Please check with your policy for more information.