

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 16:12
Date Of Accident	05/02/2018 08:25
Exact Location Of Accident	YONG AN PARK 331 RIVER VALLEY ROAD 238363 OPEN CP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EU1010U
Insured/Policyholder	
Name Of Registered Owner	ONG TECK MENG
NRIC No	S0570531B
Email Address	ALVINONG@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-98552233
Alternative Phone No	OFFICE-98552233

Vehicle Particulars

Manufacturer	JAGUAR
Model	F-PACE
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	D17MTPV01013224
Cover Note Number	

Driver

Name of Driver	ONG TECK MENG
NRIC No	S0570531B
Date Of Birth	24/06/1949
Occupation	INDOOR
Date Of Driving Pass	22/09/1967
Driving Experience	50 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98552233
Fax Number	
Contact Number	OFFICE-98552233
Email Address	ALVINONG@ICLOUD.COM

HP 9855 4355

Address 331 RIVER VALLEY ROAD #13-01 SINGAPORE 238363

Postcode

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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) 0

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

When I was about to go to my vehicle, I saw there was a dent and scratches on my left side of my vehicle. I went to the security and ask for any video footage of the accident. The security handed the accident footage to me, and also stop the driver before exiting. Taking pictures and the driver particulars. No injury involved.

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 SHC3746B

Vehicle Make/Model/Colour HYUNDAI/I40 1.7L/BLUE

Details Of Properties

Vehicle Category TAXI

Name of Driver LOH HEE KHIM

NRIC/Passport Number S0034300E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

SKETCH PLAN

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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.
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 insurers 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 insurers 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/are 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

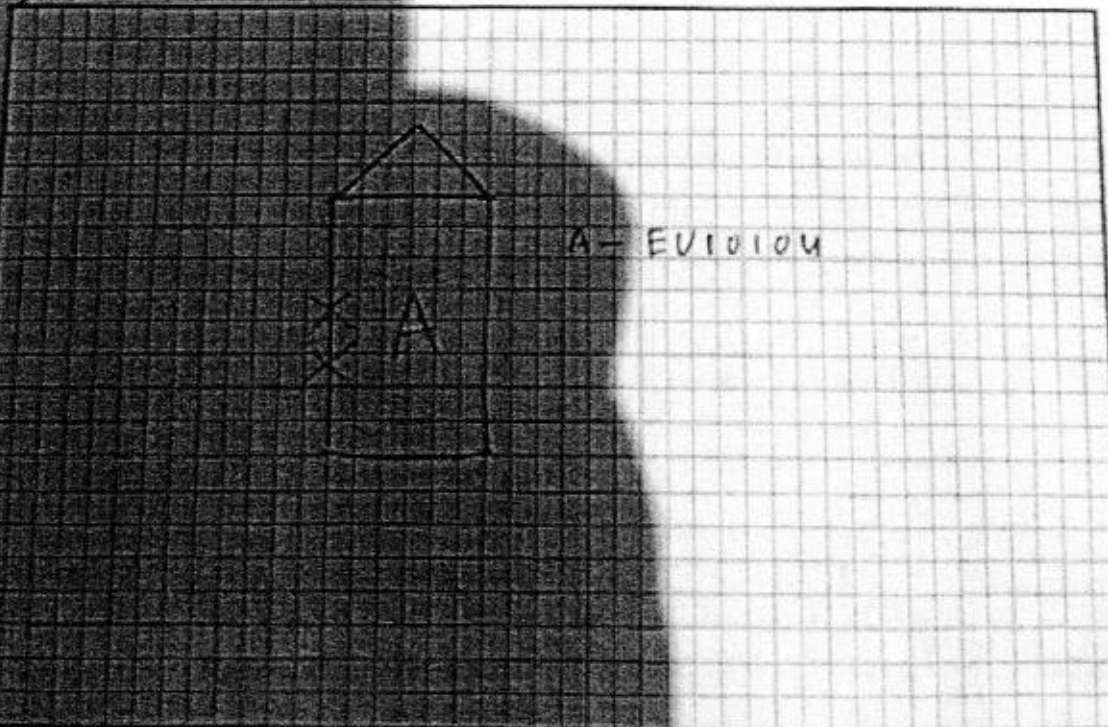
Mohammad Azaly Bin Abdullah

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

When I was about to go to my vehicle, I saw there was a dent and scratches on my left side of my vehicle. I went to the security and ask for any video footage of the accident.

The security handed the accident footage to me, and also stop the driver before exiting. Taking pictures and the driver particulars.

No injury involved.

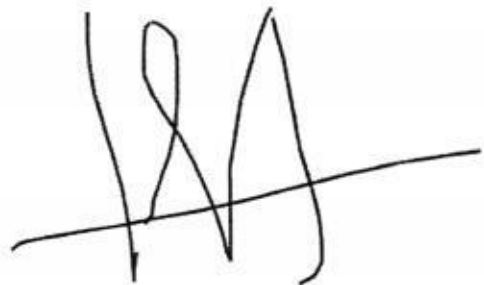
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 February 2018 at 3:38 PM

Date/Time:

9 February 2018 at 3:38 PM