

MSME18028447 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 28/02/2018 13:56  
SUBMITTED BY: Chia Pei Ying

## 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	28/02/2018 13:56
Date Of Accident	27/02/2018 16:45
Exact Location Of Accident	NO.8 EU TONG SEN STREET CENTRAL BUILDING
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	GBE6130T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEGA COOL AIR-CONDITIONING & ELECTRICAL ENGINEERIN
Co Reg No	201107898Z 7051W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67835342

**Vehicle Particulars**

Manufacturer	NISSAN
Model	NV350
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	D18MTPCVE000256
Cover Note Number	

**Driver**

Name of Driver	DURAI SAMMANASU RAJA
NRIC No	G7369731Q
Date Of Birth	10/06/1982
Occupation	INDOOR
Date Of Driving Pass	11/12/2002
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83715435
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address -  
 Postcode  
 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 COLLISION - CHANGE/CROSS LANE  
 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) 1

#### 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

ON 27/02/2018 AT 1645HRS, I WAS DRIVING ALONG EU TONG SEN STREET CENTRAL BUILDING. MY VEHICLE A (GBE6130T) HAD BEEN MOVED AT LANE 2. SUDDENLY, A TAXI B (SHD7007U) WITHOUT SIGNAL FROM LANE 1 CUT OVER MY LANE. FRONT RH SIDE OF MY VEHICLE GOT DAMAGED.

#### 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 SHD7007U  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

## 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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

Along No. 8 Eu Tong Sen Street Central Building

**A** GBEG130T

**B** SHD7007U (Taxi)

Lane ② →

Lane ① →

## Sketch Plan #2 Pg. 1

## Describe Circumstances of the Accident

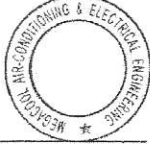
On 27/02/2018 about 16:45 hrs, I was driving along No.8 Eu Tong Sen Street Central Building. My Vehicle A (GBE6130T) had been moved at Lane 2, suddenly a Taxi B (SHD7007u) without signal from lane 1 cut over my lane. Front RH side of my vehicle got damaged.

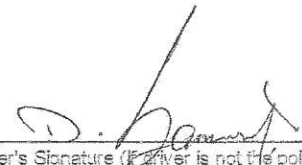
## Declaration

We declare the foregoing particulars are true in every respect.

F

  
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Insurance Co.	Sompo Insurance Singapore Pte Ltd		
Vehicle NO.	GBE6130T	Date Of Accident	27, 02, 2018
<input type="checkbox"/>	Reporting Only		
<input type="checkbox"/>	Own Damage Claim		
<input checked="" type="checkbox"/>	Third Party Claim	FEON HENGE	