

## 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	05/03/2018 12:51
Date Of Accident	04/03/2018 17:00
Exact Location Of Accident	ALONG VERDE CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ8553K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN JIANHAO
NRIC No	S8208613G
Email Address	ALFREDCHENJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90701833
Alternative Phone No	OFFICE-90701833

### Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6 AT D/A
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	D17MTPV01006972
Cover Note Number	N.A

### Driver

Name of Driver	CHEN JIANHAO
NRIC No	S8208613G
Date Of Birth	14/03/1982
Occupation	INDOOR
Date Of Driving Pass	24/11/2001
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90701833
Fax Number	
Contact Number	OFFICE-90701833
E-Mail Address	ALFREDCHENJH@GMAIL.COM

Address VILLA VERDE, 23 VERDE CRESCENT 688378  
 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 COLLIDED INTO PARKED VEHICLE  
 Weather Conditions RAINING  
 Road Surface WET

**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**

I WAS DRIVING ALONG VERDE CRESCENT AND VEHICLE SHC2689P WAS IN FRONT OF ME. OUT OF A SUDDEN, HE STOPPED BUT I REACTED ON TIME TO AVOID ANY COLLISIONS. I ASSUMED HE WAS PICKING UP A PASSENGER, UNTIL I SAW THE REVERSE LIGHTS OF HIS VEHICLE CAME ON AND THE VEHICLE PROCEEDED TO REVERSE. I HORNED TO WARN HIM BUT IT WAS TOO LATE. THE REAR PORTION OF SHC2689P HAD COLLIDED ONTO THE FRONT CENTRE PORTION OF MY VEHICLE. NO INJURIES WERE INVOLVED.

**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 SHC2689P *Blue*  
 Vehicle Make/Model/Colour HYUNDAI SONATA NF 2.0 CRDI AT  
 Details Of Properties NIL  
 Vehicle Category TAXI  
 Name of Driver MOHAMED HAFFINDI BIN HASHIM  
 NRIC/Passport Number S1781506G  
 Contact Number 92388421  
 Address  
 Postcode *Mkfirst cap*  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 2

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/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

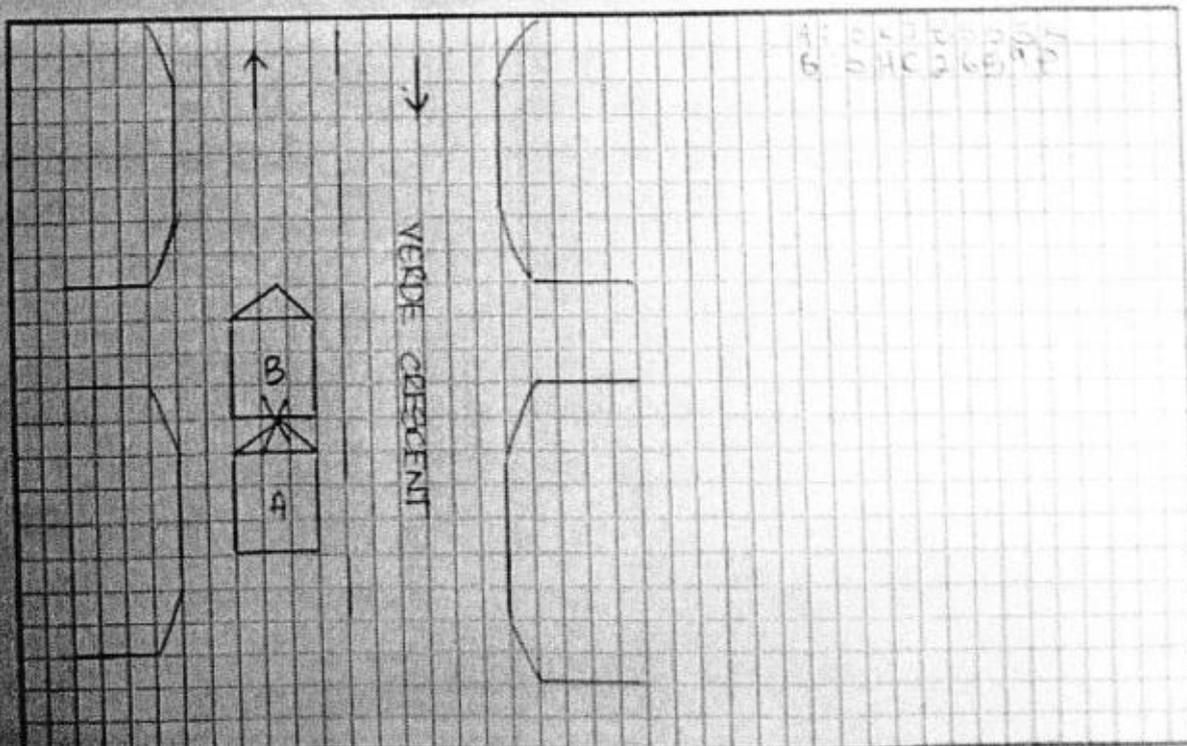
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 \_\_\_\_\_  
 Policyholder's Signature / Date & Time

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

**VERIFIED BY AJAX MARS**  
**REPORTING OFFICER**  
 Anwar Hamizan Bin  
 Khalid  
 Witnessed by Reporting Centre  
 Personnel

**Sketch Plan**



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

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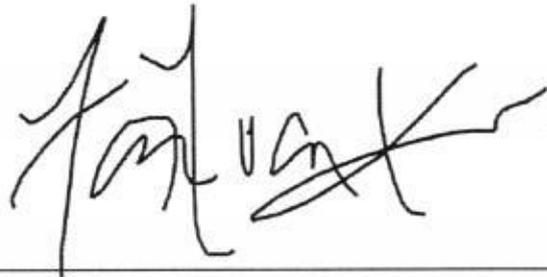
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AMMAR HAMIZAN

MARS Officer:



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time: