

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	19/04/2018 11:14
Date Of Accident	18/04/2018 09:20
Exact Location Of Accident	ALONG BRAS BASAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS2040A
Insured/Policyholder	
Name Of Registered Owner	ONG KIAN HUAT KENNETH
NRIC No	S1296300I
Email Address	KCADLONG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97372328
Alternative Phone No	OFFICE-97372328

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 250 SEDAN (R17)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	D18MTPV01001617
Cover Note Number	

Driver

Name of Driver	ONG KIAN HUAT KENNETH
NRIC No	S1296300I
Date Of Birth	22/08/1958
Occupation	INDOOR
Date Of Driving Pass	12/04/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97372328
Fax Number	
Contact Number	OFFICE-97372328
Email Address	KCADLONG@SINGNET.COM.SG

Address	371 HOLLAND ROAD #14-01
Postcode	278698
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

WHEN I WAS TRAVELING ALONG THE MENTIONED LOCATION AT LANE 2, TRAFFIC CONDITION WAS MOVE AND STOP. WHEN VEHICLE IN FRONT OF ME APPLIED HIS BRAKE, I FOLLOW SUITE AND MANAGED TO STOP ON TIME. A MOMENT LATER, I FELT AN IMPACT FROM MY REAR AND DISCOVER VEHICLE B HAD COLLIDED ONTO THE REAR OF MY VEHICLE. AFTER THE IMPACT, WE ALIGHTED TO TOOK SOME PHOTOS BEFORE WE MOVE OFF. THERE IS KNOWN INJURIES INVOLVED AT THE SCENE.

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	SHC122X
Vehicle Make/Model/Colour	HYUNDA/SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Details Of Properties	
Vehicle Category	
Name of Driver	LEE CHEW PIN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

[Signature] 19/4/18
10.00 am

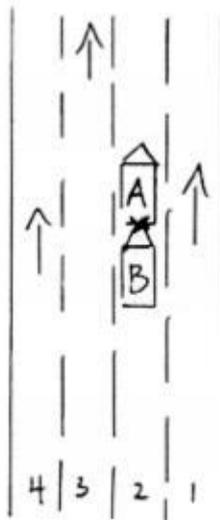
VERIFIED BY AJAX MARS
REPORTING OFFICER
EUGENE KOH

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ALONG BRAS BASAH ROAD.

A) SFS2040A

B) SHC 122X

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Claim 3rd party

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER - EUGENE KOH YEW KIAT



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

19 April, 2018 10:45 am

19 April, 2018 10:45 am