SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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| | ACCIDENT STATEMENT |
| Date Of Report | 30/04/2018 17:26 |
| Date Of Accident | 27/04/2018 15:30 |
| Exact Location Of Accident | SUNGEI KADUT ST 6 |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | YN4782E |
| Insured/Policyholder | |
| Name Of Registered Owner | HIROSE (SINGAPORE) PTE LTD |
| Co Reg No | 199602492M |
| Email Address | KRYSTAL@HIROSE.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62250401 |
| Vehicle Particulars | |
| Manufacturer | MITSUBISHI |
| Model | CANTER FEB21ER4SDEB (CBU) |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D18MTPCVE000521 |
| Cover Note Number | 19/02/18 - 18/02/19 |
| Driver | |
| Name of Driver | SAMBANDAM BALRAJ |
| Passport No/FIN | G6990653U |
| Date Of Birth | 19/05/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/07/2013 |
| Driving Experience | 4 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83470052 |
| Fax Number | |
| Contact Number | |
| | |

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

COLLISION - HEAD ON COLLISION Type Of Accident

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

YES Was any other material or property damaged?

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 travelling along Sungei Kadut St 6 towards Sungei Kadut Drive at that time was raining so I just move ahead but infront suddenly a vehicle (WC5370K) turning right, so at this moment I brake my vehicle to stop but due to road surface was wet my vehicle can't stop in time. There was no injury on both party.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number WC5370K

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

SUN FU MING Name of Driver NRIC/Passport Number G3272603N

Contact Number 98551184 (JENNIFER PONG)

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: YN 4782 E

INSURER

DATE & TIME: 27/4/18 3.30 PM

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- 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 nealing with my claims including the settlement of the claims and any necessary investigations relating to the waims,
 - (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.
- 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.
- 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.

HIROSE (Singapore) Pte Ltd

200 CANTONMENT ROAD #06-06/07 SOUTHPOINT

Policyhology CAPORE 089763 Date & Time

Driver's Signature 2018

Date & Time:

Reporting Centre Personnel's Signat

Name:

NRIC FIN No.:

Sketch Plan #2

| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was travelling along ranges kadut et 6 towards singer kadut drive at the time was raining so I just move alread by introd subdially a vehicle (UCS370K) turning right, so at this married I brake my vehicle entry to the towards surface was well my vehicle control stop intime. They was no Injury on both party Note Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. DECLARITION TO CONTROLLED TO CONTRO | SKETCH PLAN | |
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| Policyholder's Signature Driver's Signature Reporting Centre PersonDer's Signature Date & Time: (If driver is not the policyholder) Name: | #06-06/07 SOUTHPOIN | |
| Date & Time: NRIC/FIN No.: | Policyholder's Signature | 시장 없었다. [기계 2019] 경기 (기계 2019] 기계 |