

## 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	14/05/2018 10:22
Date Of Accident	14/05/2018 07:35
Exact Location Of Accident	ALONG YISHUN DAM TOWARDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8882L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG BOON CHEW
NRIC No	S7135789I
Email Address	NG_BOON_CHEW@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98168726
Alternative Phone No	HOME-65553790

### Vehicle Particulars

Manufacturer	MINI
Model	ONE-1.6 (A)
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	
Cover Note Number	

### Driver

Name of Driver	NG BOON CHEW
NRIC No	S7135789I
Date Of Birth	05/10/1971
Occupation	INDOOR
Date Of Driving Pass	22/10/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98168726
Fax Number	
Contact Number	HOME-65553790
EMail Address	NG_BOON_CHEW@YAHOO.COM

Address	BLK 150 CANBERRA DRIVE , THE BROWNSTONE #12-05
Postcode	768079
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	CHAIN COLLISION
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

REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT PROVIDED / UNABLE TO LOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG2916P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ5252P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

1 page

PCV Accident Report  
(For reporting only)

Bradell  Sin Ming  Sg. Kadut  Pandan  Loyang  Ubi

**Section A - To Be Completed By Driver Who is Involved in The Accident**

Date and Time of Accident	Date: 14/5/18	Time: 0735HRS
Date and Time of Reporting	Date:	Time:
Place of Accident	ALONG VISHUN DAM TOWARDS VISHUN AVE 1	
Vehicle Reg. No.:	SGN 8882 L	Make / Model: MINV 1
Purpose of Use at Time of Accident:	Goods transportation / private usage / others:	
Name:	NG BOON CHEW	NRIC / FIN No. S 7135 789 I.
Address:	BLK 150 CANBERRA DRIVE, THE BROWNSTONE # 0-05	
Postcode:	768079	Date of Birth: 05-10-71
Home:	6555 3790	Handphone: 98168726
Email:	Ng-Boon-chew@yahoo.com	Gender: Male / Female
Occupation:	Management/Sales/Retiree/Housewife/Technical/Education/Others: DESIGNER	
Type of Claims:	Third Party / <u>Own Damage</u> / Reporting Only	License Pass Date: -
Driver Status:	<u>Owner</u> / Non-owner	Years of Driving Experience: 17
		22/10/01
If you are not the owner, the owner's name & tel: _____		
Owner's Address: _____		
Relationship with Owner: _____ Owner's NRIC / Company Reg. No: _____		
Vehicle Towed in?	<input checked="" type="checkbox"/> Yes / No	My Insurance Company: Sompo
Police Reported?	Yes / <input checked="" type="checkbox"/> No	Police Report Reference No.:
Company's Vehicle?	Yes / <input checked="" type="checkbox"/> No	Insurance Policy No:
Do you have witness?	Yes / <input checked="" type="checkbox"/> No	Type of Policy: Comprehensive / Third Party Fire & Theft / Third Party Only
(If Yes, Witness Name & Contact No: _____)		
Weather Condition:	<u>Clean</u> / Cloudy / Light Rains / Heavy Rains	Was anyone injured in the accident Yes / <input checked="" type="checkbox"/> No
Road Condition:	<u>Dry</u> / Wet	Was notice of Intended Prosecution given? Yes / <input checked="" type="checkbox"/> No

Describe How Accident Happened: Please use SKETCH PLAN for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model:	SG6 2916 P	Vehicle Reg. No:	SK2 5252 P
Name of Driver:		NRIC No.:	
Insurance Company:		Handphone:	

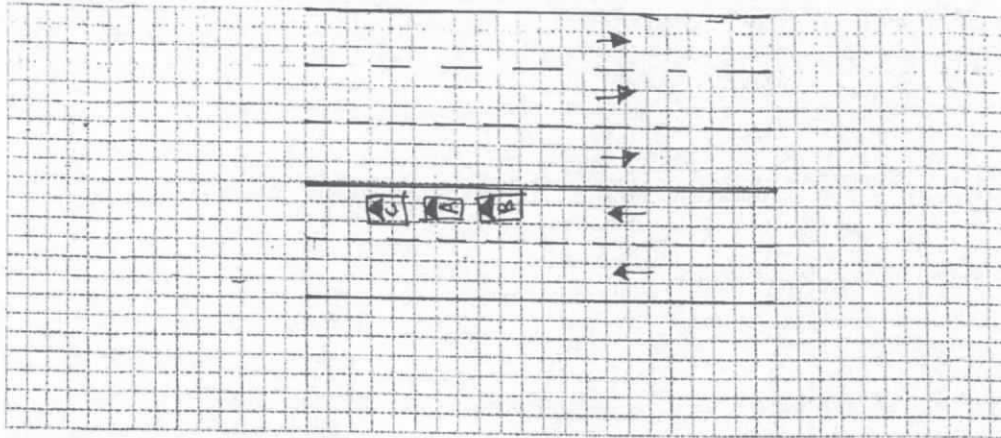
**Driver's Declaration:** I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue

Signature: 

Date: 14/05/18

Sketch Plan Pg. 2

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date / time, I veh A was travelling along the stated venue. As the front veh (veh c) stopped, I stopped as well. Moments later, veh B came from behind and hit onto mine, causing my vehicle to propel forward and hit onto veh C. It was then I realised I was involved in a chain collision of 3 vehicles. I have a dash board camera on board my vehicle at the time of accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 3

SKETCH PLAN

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 liability.
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. The 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 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 sforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

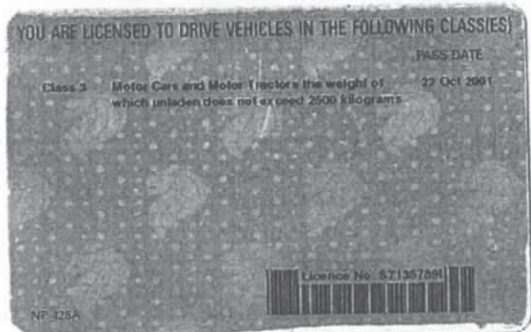
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) 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.
- (e) 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.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 4



BLOCK 150 CANBERRA DRIVE  
 THE BROWNSTONE  
 #12-05  
 SC768079)