

## 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 11:04
Date Of Accident	10/05/2018 17:30
Exact Location Of Accident	587 SEMBAWANG PL (STARLEARNER CHILD CARE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1683X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZOU BIN
NRIC No	S7884130C
Email Address	MAILTOZUBIN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90606798
Alternative Phone No	OFFICE-90606798

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	D17MTPV01014279
Cover Note Number	20/10/17 - 19/10/18

### Driver

Name of Driver	ZHOU RONG
NRIC No	S7982357J
Date Of Birth	23/02/1979
Occupation	INDOOR
Date Of Driving Pass	06/06/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90275862
Fax Number	
Contact Number	
E-Mail Address	HELEN.ZHOURONG@GMAIL.COM

Address 12A #07-25 CANBERRA DRIVE  
 Postcode 768095  
 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 - 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) 0

**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**

My car was parked at the road side with hazard light ON. I was standing behind my car and was chit chatting with one of my daughter's friend's mother Ms Catherine Soh as both of us were fetching our children from the above child care. Suddenly we heard a loud bang. We realised car B had reversed and hit onto the front of my car.

**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 Witness 1**

Name MS CATHERINE SOH  
 Phone Number 93803091  
 Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJM4183S  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver KIM NG  
 NRIC/Passport Number  
 Contact Number 92711411  
 Address  
 Postcode  
 Insurance Company Name

**SKETCH PLAN**

587 Sembawang Pl, (S) 758440  
(Starlearner Child care)

A = SKW 1683X  
B = SJM 4183S  
Kim Ng  
HP - 92711411



Witness:  
Catherine Soh  
HP - 9380 3091

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

My car was parked at the road side with hazard light ON. I was standing behind my car and was chit chatting with one of my daughter's friend's mother, Ms Catherine Soh as both of us were fetching our children from the above child care. Suddenly we heard a loud bang. We realised car B had reversed and hit onto the front of my car.

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.

**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.:

Claim Own Policy  Claim Third Party  Reporting Only  
 Claim OD/TP at other workshop ( )

*[Handwritten Signature]*  
14/5/18  
*[Handwritten Initials]*

**SKETCH PLAN**

VEHICLE NO.: SKW 1683X  
INSURER : Sompo Ins  
DATE & TIME: 10/5/18 @ 17:30

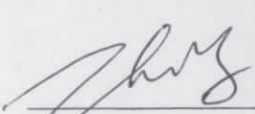
**IMPORTANT NOTICE**

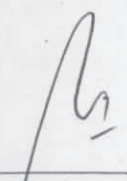
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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) 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:

 14/5/18  
Reporting Centre Personnel's Signature  
Name: (YS)  
NRIC/FIN No.: