

## 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	26/06/2018 11:29
Date Of Accident	25/06/2018 19:20
Exact Location Of Accident	ALONG BISHAN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ3787Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW LYE HEE
NRIC No	S7021153Z
Email Address	LYEH78@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96350668
Alternative Phone No	OTHERS-96350668

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	D17MTPV01017199
Cover Note Number	08/12/17 - 07/12/18

### Driver

Name of Driver	LOW LYE HEE
NRIC No	S7021153Z
Date Of Birth	04/06/1970
Occupation	INDOOR
Date Of Driving Pass	13/11/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96350668
Fax Number	
Contact Number	
Email Address	LYEH78@YAHOO.COM.SG

Address	BLK 347A YISHUN AVE 11 #03-513
Postcode	761347
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?	
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)	2
Passenger 1	NAME: : DAUGHTER
	GENDER: : FEMALE

#### 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 extreme right lane and ahead traffic was green. Suddenly car D made an e-brake and I also applied brake. Next second, a great impact came from behind and caused my car to move forward to hit the rear of car D. Upon alight to check, I realised I was involved in a chain collision of total 4 cars including mine. I wish to state that car Y brake to stop as car Z had stopped without valid reason where he filtered left that caused the cars behind to make e-brake. No one was injured.

#### 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	SJQ424C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA GEK SOON
NRIC/Passport Number	S7640078D
Contact Number	92258700
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLS8539T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver OO JUN HAO  
NRIC/Passport Number S8539278F  
Contact Number 91110718  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SJR8231J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver VINCENT LIM  
NRIC/Passport Number  
Contact Number 97944748  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

# SKETCH PLAN

<p>Along Bishan Road</p>		<p>A: SLJ 3787Z B: SJQ 424C Chua Gek Soon S 1640078D HP-92258700 C: SL5 8539T Oo Jun Hao S 8539278F HP-91110718 D: SJR 8231J Vincent Lim HP-97904748</p>
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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along extreme right lane and ahead traffic was green. Suddenly car D made an e-brake and I also applied brake. Next second, a great impact came from behind and caused my car to move forward to hit the rear of car D. Upon alight to check, I realised I was involved in a chain collision of total 4 cars including mine. I wish to state that car Y brake to stop as car Z had stopped without valid reason where he filtered left that caused the cars behind to make e-brake. No one was injured.

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.

<p><i>Low Jence</i></p>	<p><i>[Signature]</i></p>	<p>26/6/18</p>
<p>Policyholder's Signature Date &amp; Time:</p>	<p>Driver's Signature (If driver is not the policyholder) Date &amp; Time:</p>	<p>Reporting Centre Personnel's Signature Name: (YS) NRIC/FIN No.:</p>

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy (X) Claim Third Party ( ) Reporting Only ( ) Claim OD/TP at other workshop ( )

## SKETCH PLAN


VEHICLE NO.: SLJ 3787Z  
INSURER : Sompo Ins  
DATE & TIME: 25/6/18 @ 19:20

### 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:

 26/6/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: (45)  
NRIC/FIN No.: