

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	16/06/2018 14:53
Date Of Accident	14/06/2018 15:30
Exact Location Of Accident	CTE.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2373E
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Insured/Policyholder

Name Of Registered Owner	PATTON ENTERPRISE (PTE) LIMITED
Co Reg No	197301590G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68427522

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPCVE001567
Cover Note Number	

Driver

Name of Driver	ALVIN LIM KIM ANG
NRIC No	S7617974C
Date Of Birth	18/06/1976
Occupation	INDOOR
Date Of Driving Pass	07/11/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91881159
Fax Number	
Contact Number	
Email Address	ALVINLIM76@GMAIL.COM

Address	BLK 327B ANCHORVALE RD #13-326
Postcode	542327
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	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?	
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

MY VEHICLE SLOW DOWN DUE TO TRAFFIC JAM, SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR.

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	GBE5086U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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

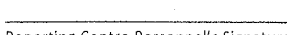
I understand, acknowledge, agree and consent that:

- (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.
- (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.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

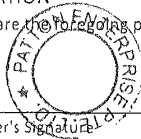


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~the~~ my vehicle SLOW DOWN DUE TO TRAFFIC JAM,
SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR.

DECLARATION

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



Policyholder's Signature: _____
Date & Time: _____

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

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

此項研究係由美國加州大學洛杉磯分校之「加州大學洛杉磯分校國際化研究中心」所主持，該中心之成立旨在促進國際化教育之發展，並提供有關國際化教育之資訊與諮詢。該中心之成立，是加州大學洛杉磯分校國際化教育發展計畫之重要組成部分。該中心之成立，將有助於提高加州大學洛杉磯分校之國際化教育水平，並促進國際化教育之發展。

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 195)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1969 (MALAYSIA)

7. "Whereas the Statute of Persons entitled to drive" (1934) defines a person who is driving on the road as a person who is in possession of the vehicle, it is provided that the person driving is prohibited in accordance with the training or other level of responsibility for driving the Motor Vehicle or has been so permitted and is not disqualified by a court of law or the law of the country of residence or is exempted or registered in the world from among the Motor Vehicle.

Any person further, the Motor Vehicle is registered under the Road Traffic Act as a person who is registered under the Road Traffic Act and is not cancelled at the time of the accident or is damaged.

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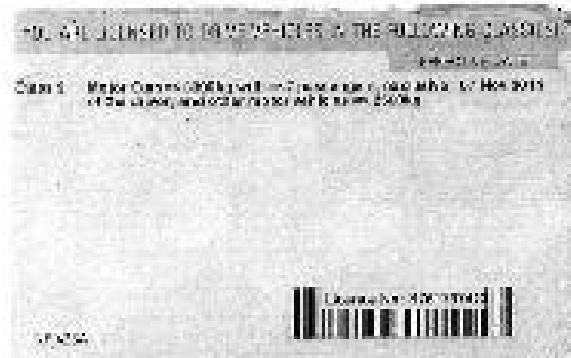
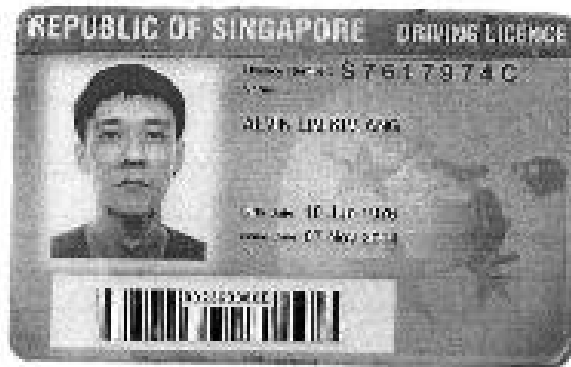
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Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

