

S/c

## 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	02/08/2018 17:22
Date Of Accident	01/08/2018 18:10
Exact Location Of Accident	PIE NEAR EUNOS EXIT TOWARD CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2828X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENGINEERING LABORATORY ELECTRONICS (S)PTE LTD
Co Reg No	A200306294N
Email Address	ENQUIRY@ELE-GROUP.COM
Mobile Phone No	(LOCAL) +65-96650493
Alternative Phone No	OFFICE-62734191

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 D ABS AIRBAG 2WD 6DR (M)
Exact Purpose for which vehicle was being used at time of accident	BUSINESS
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	D17MTPCVE002049
Cover Note Number	

### Driver

Name of Driver	SIM HONG PENG DAMIEN
NRIC No	S7514008H
Date Of Birth	06/05/1975
Occupation	INDOOR
Date Of Driving Pass	18/04/1994
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96650493
Fax Number	
Contact Number	
Email Address	ENQUIRY@ELE-GROUP.COM

Address	BLK 5 TAMPINES ST 86 #15-21
Postcode	528585
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	3
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)	2
Passenger 1	NAME: : DANIELLE SIM XUAN LING
	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

SEE ATTACHED

#### 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	PC2194E
Vehicle Make/Model/Colour	TOYOTA /HIACE DARK BLUE
Details Of Properties	REAR
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMAD RAZALI BIN ASHAR
NRIC/Passport Number	S1681530F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC7117R
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH SAN KUAN
NRIC/Passport Number	S0126577F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

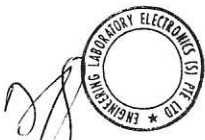
## SKETCH PLAN

### 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 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.



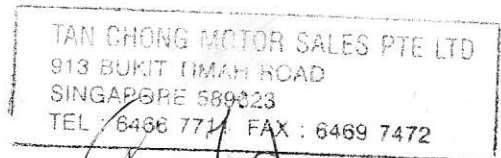
Policyholder's Signature  
Date & Time:

2/8/18 16:53



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

2/8/18 16:53



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

Euros

Lane 3 →

→ Lane 2

→ Lane 1

SHC717R

GIBD222R

PC 2194C

ACCIDENT DATE: 1 Aug 2018		ACCIDENT TIME(hh:mm): 18:10	
ACCIDENT LOCATION: Along PIE (toward Changi)			
CIRCUMSTANCES:-			
I was driving along PIE on lane 2. The traffic was heavy due to peak hours. I was travelling around 30-40km/h behind a passenger minibus (PC 2194E). Before the accident happened, my vehicle was coming to a stationary position, as the vehicle in front of me had stopped. A few seconds later, there was a loud bang from the back of the vehicle. The impact was so great that it caused my stationary vehicle to lunge forward and banged the front vehicle.			
DRIVER PARTY DETAILS:-			
Vehicle No: SHC 7117 R		Model: i40 Hyundai	
Driver's Name: Toh San Kuan		Hp No: 90617992	
		ID No: S0126577F	

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

Date & Time: 2/8/18 16:53

Date & Time: 2/8/18 16:53

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