

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 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. 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	02/11/2018 10:16
Date Of Accident	02/11/2018 07:15
Exact Location Of Accident	TAMPINES EXPRESSWAY (TPE) > SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7539Y
Insured/Policyholder	
Name Of Registered Owner	CHUA SZE SZE
NRIC No	S7931875B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97321978
Alternative Phone No	OFFICE-97321978

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	ON WAY TO WORK
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	D17MTPV01018047
Cover Note Number	

Driver

Name of Driver	CHUA SZE SZE
NRIC No	S7931875B
Date Of Birth	30/10/1979
Occupation	INDOOR
Date Of Driving Pass	17/01/1998
Driving Experience	20 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97321978
Fax Number	
Contact Number	OFFICE-97321978
EMail Address	NOEMAIL

Address	10A PALM ROAD
Postcode	456445
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	5
Was any body injured in the Accident?	YES
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

AS PER 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	SHA8497Y
Vehicle Make/Model/Colour	
Details Of Properties	FRONT PORTION
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC5725B
Vehicle Make/Model/Colour	

Details Of Properties

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)

DETAILS OF INJURED PERSON 1

Name	CHUA SZE SZE
Approximate Age	39
Injuries Sustain	NECK & BACK REGION
Injured person in which vehicle?	SKQ7539Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

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:

02/11/18
1000hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

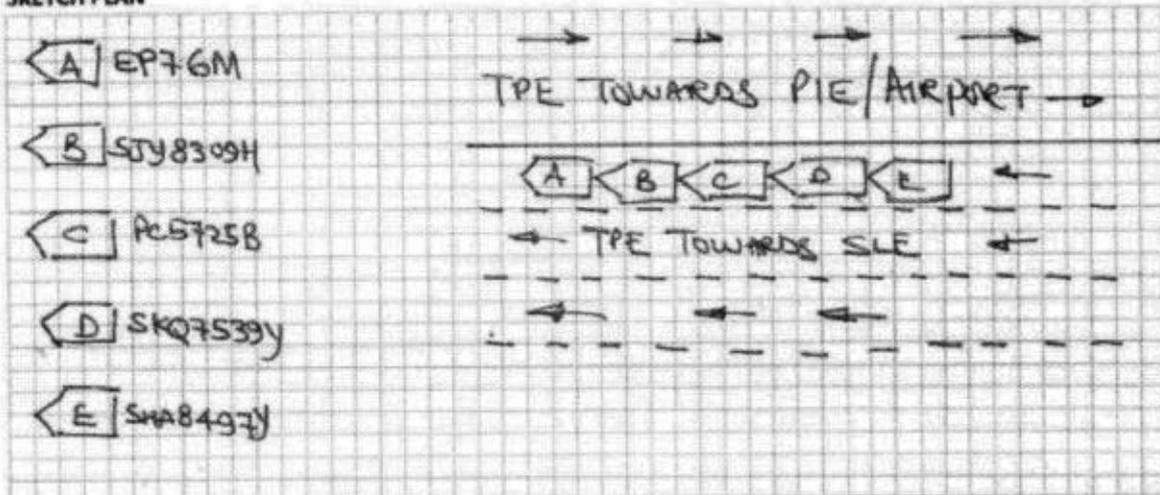


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 02/11/2018 AT ABOUT 0715HRS, I WAS TRAVELLING ALONG LANE 1 TPE TOWARDS SLE. JUST AT THE TPE 0.8KM MARK, BEFORE LOYANG EXIT, I NOTICED THAT THE VEHICLE IN FRONT OF ME (REG NO PC5725B) SUDDENLY STOPPED. ON SEEING THAT, I IMMEDIATELY APPLIED MY EMERGENCY BRAKES AND MANAGED TO STOP MY VEHICLE (REG NO: SKQ7539Y) BEHIND PC5725B WITHOUT ANY COLLISION. MOMENTS LATER, I HEARD A LOUD BANG AND FELT A GREAT IMPACT FROM THE REAR. I IMMEDIATELY REALISED THAT THE VEHICLE BEHIND ME (REG NO: SHA 8497Y) HAD HIT ONTO THE REAR PORTION OF MY STATIONARY VEHICLE (SKQ7539Y). THE IMPACT WAS SO GREAT THAT IT CAUSED MY VEHICLE TO MOVE FORWARD AND HIT THE REAR PORTION OF PC5725B. NEXT I ALIGHTED FROM MY VEHICLE TO TAKE PHOTOS AND EXCHANGED PARTICULARS, I ALSO NOTICED THAT 2 OTHER VEHICLES (REG NO: STJ8309H & EPT6M) WERE INVOLVED IN THE ACCIDENT. AT THE MOMENT, I HAVE SOME DISCOMFORT ON THE NECK AND BACK REGIONS AND WILL SEEK MEDICAL ATTENTION SHOULD THE NEED ARISE.

DECLARATION

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

Policyholder's Signature
 Date & Time: 02/11/18
 1000HR3

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



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