

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	08/11/2018 11:56
Date Of Accident	07/11/2018 19:40
Exact Location Of Accident	TANAH MERAH FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6525S
Insured/Policyholder	
Name Of Registered Owner	BEDOK TRANSPORT PTE LTD
Co Reg No	200311654W
Email Address	WORKSHOP@BEDOKTRANSPORT.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62843032

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6100H-6.7 D (M)

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

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	D18MTSCBU000295
Cover Note Number	D18MTSCBU000295

Driver

Name of Driver	LI XIUFENG
Work Permit No	G5262288W
Date Of Birth	01/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	19/05/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83003696
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 30 & 32 DEFU LANE 9

Postcode

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 - CROSS JUNCTION

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? 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) 46

Passenger 1
NAME: : UNKNOWN
GENDER: : MALE

Passenger 2
NAME: : UNKNOWN
GENDER: : MALE

Passenger 3
NAME: : UNKNOWN
GENDER: : MALE

Passenger 4
NAME: : UNKNOWN
GENDER: : MALE

Passenger 5
NAME: : UNKNOWN
GENDER: : MALE

Passenger 6
NAME: : UNKNOWN
GENDER: : MALE

Passenger 7
NAME: : UNKNOWN
GENDER: : MALE

Passenger 8
NAME: : UNKNOWN
GENDER: : MALE

Passenger 9
NAME: : UNKNOWN
GENDER: : MALE

Passenger 10
NAME: : UNKNOWN
GENDER: : MALE

Passenger 11	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 12	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 13	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 14	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 15	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 16	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 17	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 18	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 19	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 20	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 21	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 22	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 23	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 24	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 25	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 26	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 27	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 28	NAME: : UNKNOWN
	GENDER: : FEMALE

Passenger 29	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 30	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 31	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 32	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 33	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 34	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 35	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 36	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 37	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 38	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 39	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 40	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 41	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 42	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 43	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 44	NAME: : UNKNOWN
	GENDER: : FEMALE
Passenger 45	NAME: : UNKNOWN
	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

REFER TO THE DESCRIPTION.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA8843G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number S1613630A
Contact Number 98456020
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

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 willful 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 transmit 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; and
 - (ii) for complying with requirements under any regulations, laws or court orders.

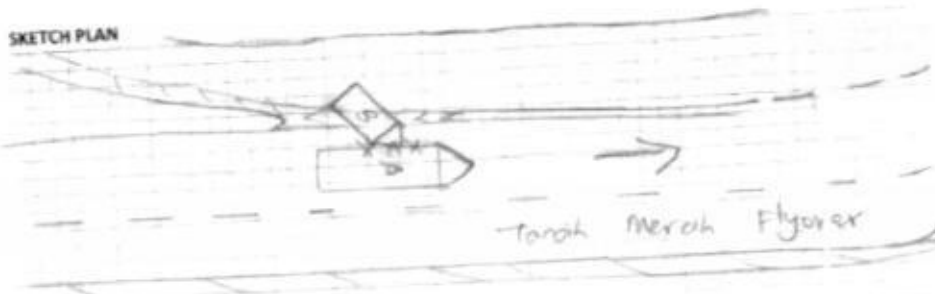

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



A - (LB 65255)

B - (SHA 88436) Taxi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/11/2018 @ 10:38 pm, I was driving my
veh A (LB 65255) along Tanjak Merah Flyover
towards Changi direction I was going straight,
suddenly veh B (SHA 88436) from my
left without stop I hit to my left
left side portion Nobody was injured arising
from this accident

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.:

Quotient Insurance Co., Ltd.