SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	04/01/2019 10:48
Date Of Accident	04/01/2019 07:25
Exact Location Of Accident	PUNGGOL ROAD TWDS TPE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SLG3414R
nsured/Policyholder	
Name Of Registered Owner	TAN CHEE KIONG
NRIC No	S7632392E
Email Address	KENNTAN76@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97667691
Alternative Phone No	HOME-97667691
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at ime of accident	PTE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01014874
Cover Note Number	28/09/2018 - 27/09/2019
Driver	
Name of Driver	TAN CHEE KIONG
NRIC No	S7632392E
Date Of Birth	08/10/1976
Occupation	INDOOR
Date Of Driving Pass	21/12/2001
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97667691
ax Number	

HOME-97667691

KENNTAN76@GMAIL.COM

Address 23 ANCHORVALE CRESCENT #10-26

Postcode 544655

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

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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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1401)

NAME: : TAI PECK YEN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

WHILE APPROACHING THE SLIP ROAD, I STOP MY VEHICLE AT THE STOP LINE TO LOOK OUT FOR VEHICLES ON THE RIGHT. MOTOR BIKE FBD2227E CAME FROM BEHIND AND HIT ONTO MY VEHICLE REAR PORTION. 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 FBD2227E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE
Name of Driver KANG AI BENG
NRIC/Passport Number S7402135B
Contact Number 97935386

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO.: \$1634148 INSURER : \$1000 DATE & TIME: 04/01/19 (0 07)5

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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:
 - 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

1

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