SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	16/01/2019 10:05
Date Of Accident	16/01/2019 06:30
Exact Location Of Accident	ALONG WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA7484E
Insured/Policyholder	
Name Of Registered Owner	KOH CHING YIH
NRIC No	S8485294E
Email Address	KCYIH2002@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90069973
Alternative Phone No	OTHERS-90069973
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	D18MTPV01018757
Cover Note Number	21/11/18 - 20/11/19
Driver	
Name of Driver	KOH CHING YIH
NRIC No	S8485294E
Date Of Birth	28/05/1984
Occupation	INDOOR
Date Of Driving Pass	16/10/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90069973
Fax Number	
Contact Number	OTHERS-90069973

KCYIH2002@GMAIL.COM

Address BLK 514 WOODLANDS DR.14 #06-107

Postcode 730514
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

-

2

NO

1

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I was moving straight on the extreme left lane when suddenly car B at my right cut into my lane abruptly and collided onto the right portion of my car. No one was injured.

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 SKS4033Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver NORASYIMAH BINTE ABDUL RAHIM

NRIC/Passport Number S9029225J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: SKA 7454E

INSURER DATE & TIME:

16/01/19 6:30 A.M.

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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;
 - 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.

Policyholde Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: (W)

Sketch Plan #2

Ve declare the foregoing particulars are true in every respect. Of 16 19 16 19 16 19 16 19 19	SKETCH PLAN		
B: SKS 40232 Norresylman Eint About Pekin Box Stop Woodlands Centre Rd S 1024325 J Woodlands Centre Rd Woodlands Centre Rd S 1024325 J Woodlands Centre Rd Woodlands Centre Rd S 1024325 J Woodlands Centre Rd Woodlands Centre Rd Woodlands Centre Rd S 1024325 J Woodlands Centre Rd Woodlands Centre R			6. CLA 1/0 /-
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. Section of the control of			
Woodlands Centre Rd 59092253 Woodlands Centre Rd 59092253 But Stop Woodlands Centre Rd 59092253 Was Stop Woodlands Centre Rd 590922533 Was stop Woodlands Centre Rd 590922533 Was stop Woodlands Centre Rd 590922533 Was stop Woodlands Centre Rd 59092253 Was stop Woodlands Centre Rd September Woodlands Centre Resource Forward Centre Resource Centre Resource Signature (If driver is not the policyholder) Was stop Woodlands Centre Rd 59092253 Was stop Woodlands Centre Rd September Rd Septing Centre Personnel's Signature (If driver is not the policyholder) Date & Time: Otto Woodlands Centre Rd Septing Centre Resource Could be a time: Was stop Woodlands Centre Rd Septing Centre Personnel's Signature (If driver is not the policyholder) Date & Time: Otto Woodlands Centre Rd Septing Centre Rd Septing Centre Personnel's Signature (Idl) Was stop Woodlands Centre Rd Septing Centre Personnel's Signature (Idl) Was stop Woodlands Centre Rd Septing Centre Rd Se			8: SKS 4038 Z
Wood lands Centre Rd \$ \$ 9029335] Bus Stop B			Norasylman Birte
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. SCHARATION We declare the foregoing particulars are true in every respect. While I was moving straight on the extreme left lane when the suddenly car B at my right cut into my lane abruptly and collider by my car, No one was injured. Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. SCHARATION We declare the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particulars are true in every respect. Supplied to the foregoing particular are true in every respect. Supplied to the foregoing to the f			Abdul Rahim
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. St. CLARATION by declare the foregoing particulars are true in every respect. Supplied to signature (If driver is not the policyholder) Date & Time: (If the policy of the policyholder) Date & Time: (If the policy of the policyholder) Date & Time: (If the policyholder) Date & Time: (If the policyholder) Name: (I		Woodlands Centre Rd	5 90292253
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. St. CLARATION by declare the foregoing particulars are true in every respect. Supplied to signature (If driver is not the policyholder) Date & Time: (If the policy of the policyholder) Date & Time: (If the policy of the policyholder) Date & Time: (If the policyholder) Date & Time: (If the policyholder) Name: (I			
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Secondary of the policy please check with your policy for more information. Seconda	- 1		
Disputed on the extreme left lane when the suddenty can B at my right cut into my lane abruptly and collided ento the right portion of my can No one may right portion of my can No one my can my can No one my can not my can my can not my can my can not not my can not my can not not my can not my can not not not not not not not not not no	Part Part		
Disputed on the extreme left lane when the suddenty can B at my right cut into my lane abruptly and collided ento the right portion of my can No one may right portion of my can No one my can my can No one my can not my can my can not my can my can not not my can not my can not not my can not my can not not not not not not not not not no			
Disputed on the extreme left lane when the suddenty can B at my right cut into my lane abruptly and collided ento the right portion of my can No one may right portion of my can No one my can my can No one my can not my can my can not my can my can not not my can not my can not not my can not my can not not not not not not not not not no			
I was moving straight on the extreme left lane when suddenly car B at my right cut into my lane abruptly and callided ento the right portion of my car. No an injured. Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. ICLARATION We declare the foregoing particulars are true in every respect. Publication of the policyholder of the policyholde		Bus Step	
I was moving straight on the extreme left lane when suddenly car B at my right cut into my lane abruptly and collided ento the right portion of my car. No one mass mured. Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. ICLARATION We declare the foregoing particulars are true in every respect. Publication of the policyholder of the policyholder of the stime: Order is signature Oriver's signature	Modelands Train Co	THE ACCIDENT	
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. CLARATION Is declare the foregoing particulars are true in every respect. Purpose 's Signature E Time: Oriver's Signature Util driver is not the policyholder) Date & Time: Other Deep Policy (A Claim Third Body 1) Name: NRIC/FIN No: (NL) Other Deep Policy (A Claim Third Body 1) Name: NRIC/FIN No: (NL)	as a med an administrate	S OF THE ACCIDENT	
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. CLARATION We declare the foregoing particulars are true in every respect. Apply 1/9 Reporting Centry Personnel's Signature e & Time: (If driver is not the policyholder) Date & Time: (If driver is not the policyholder) Date & Time: (If Claim Dues Policy. (If Clai	I was movin	a straight on the extre	ne left lang whom
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. ICLARATION We declare the foregoing particulars are true in every respect. Oriver's Signature Oriver's Signature (If driver is not the policyholder) Date & Time: Oate & Time: Oate Driver's Signature NRIC/FIN No: Oate Third Pode (ULL) Name: NRIC/FIN No:		,	to the total
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. ICLARATION We declare the foregoing particulars are true in every respect. Oriver's Signature (If driver is not the policyholder) Date & Time: (If driver is not the policyholder) Date & Time: (If driver is not the policyholder) Date & Time: (If Claim Dun Policyholder) Date & Time:	juddenly car	B at my stated out the	was lone of the
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. CLARATION If declare the foregoing particulars are true in every respect. CLARATION If declare the foregoing particulars are true in every respect. CLARATION If declare the foregoing particulars are true in every respect. CLARATION If declare the foregoing particulars are true in every respect. CLARATION If the privar's Signature (If driver is not the policyholder) Date & Time: Name: Name: NRIC/FIN No.:)	- AT MY MY CAN THE	my wark abruptly
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. CLARATION If declare the foregoing particulars are true in every respect. CLARATION If declare the foregoing particulars are true in every respect. CLARATION If declare the foregoing particulars are true in every respect. CLARATION If declare the foregoing particulars are true in every respect. CLARATION If the privar's Signature (If driver is not the policyholder) Date & Time: Name: Name: NRIC/FIN No.:		eron contest	
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. ECLARATION We declare the foregoing particulars are true in every respect. Why looker's Signature (If driver is not the policyholder) Date & Time: (III) Date & Time: (III) Date & Time: (IIII) NRIC/FIN No.:	ind collided	ento the right portion	of my car. No one
under your own comprehensive policy. Please check with your policy for more information. ECLARATION We declare the foregoing particulars are true in every respect. Oriver's Signature Driver's Signature (If driver is not the policyholder) Date & Time: Date & Time: NRIC/FIN No.: NRIC/FIN No.:			
under your own comprehensive policy. Please check with your policy for more information. CLARATION We declare the foregoing particulars are true in every respect. Claim Claim Check Signature (If driver's Signature (If driver is not the policyholder) Date & Time: (If driver is not the policyholder) Date & Time: (A Claim Check Claim Check Company (A Claim Check Company Com			
under your own comprehensive policy. Please check with your policy for more information. CLARATION We declare the foregoing particulars are true in every respect. Claim Claim Check Signature (If driver's Signature (If driver is not the policyholder) Date & Time: (If driver is not the policyholder) Date & Time: (A Claim Check Claim Check Company (A Claim Check Company Com			
under your own comprehensive policy. Please check with your policy for more information. CLARATION We declare the foregoing particulars are true in every respect. Left 16 19 Expholorer's Signature Driver's Signature (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.: CA Claim Own Policy (A Claim Third Roots (A Particular Section (A Particular Sectio			
under your own comprehensive policy. Please check with your policy for more information. ECLARATION We declare the foregoing particulars are true in every respect. Oriver's Signature Driver's Signature (If driver is not the policyholder) Date & Time: Date & Time: NRIC/FIN No.: NRIC/FIN No.:		5 No.	
under your own comprehensive policy. Please check with your policy for more information. ECLARATION We declare the foregoing particulars are true in every respect. Oriver's Signature Driver's Signature (If driver is not the policyholder) Date & Time: Date & Time: NRIC/FIN No.: NRIC/FIN No.:			
under your own comprehensive policy. Please check with your policy for more information. ECLARATION We declare the foregoing particulars are true in every respect. Oriver's Signature Driver's Signature (If driver is not the policyholder) Date & Time: Date & Time: NRIC/FIN No.: NRIC/FIN No.:	Note : Please note that v	Out insurer may have 14days Time Frame for you to	submit on Our Deman Claim
CLARATION We declare the foregoing particulars are true in every respect. Color 19			
Oriver's Signature (If driver is not the policyholder) Date & Time: Oate & Time: O	ECLARATION	imprehensive policy. Please check with your policy for	or more information.
te & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.: () Claim Own Policy (A Claim Third Ports () Paradian Own	Ve declare the foregoing part	iculars are true in every respect.	1
te & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.: () Claim Own Policy (A Claim Third Ports () Paradian Own	16/01/19		16/1/19
te & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.: () Claim Own Policy (A Claim Third Ports () Paradian Own	Kyholder's Signature	Driver's Signature	arting Control Dougney 11, 51
A Claim Own Third Code () Provide Code	te & Time:	(If driver is not the policyholder) Nam	ne: / (WL)
	BN/ Substitution vs. ()C	er pare en la 1922 de 1925 de 1920 de 1920 en 1920 en 1920 en la companya de 1920 de 1920 de 1920 de 1920 de 1	./FIN No.: