

## 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	06/02/2019 16:26
Date Of Accident	02/02/2019 23:50
Exact Location Of Accident	701 CHOA CHU KANG STR 53 MSCP DECK 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK7766P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN XIN WEI
NRIC No	S9100119E
Email Address	XINWEI91@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-91596969
Alternative Phone No	OFFICE-91596969

### Vehicle Particulars

Manufacturer	HONDA
Model	HONDA FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	D19MTPV01001982
Cover Note Number	

### Driver

Name of Driver	TAN XIN WEI
NRIC No	S9100119E
Date Of Birth	02/01/1991
Occupation	INDOOR
Date Of Driving Pass	30/09/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91596969
Fax Number	
Contact Number	OFFICE-91596969
Email Address	XINWEI91@OUTLOOK.COM

Address	NIL
Postcode	
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	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?	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)	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

I went up the multi story carpark slope and was stationary on the flat ground. Wanted to make a reverse to a parking lot. Then third party vehicle SMH252T came right up from the slope and hit my vehicle SKK7766P right back bumper. No injuries involved

#### 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	SMH252T
Vehicle Make/Model/Colour	MAZDA6 SEDAN 2.0 AT STANDARD 2WD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EE WEI HAN
NRIC/Passport Number	S9548403D
Contact Number	92701995
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

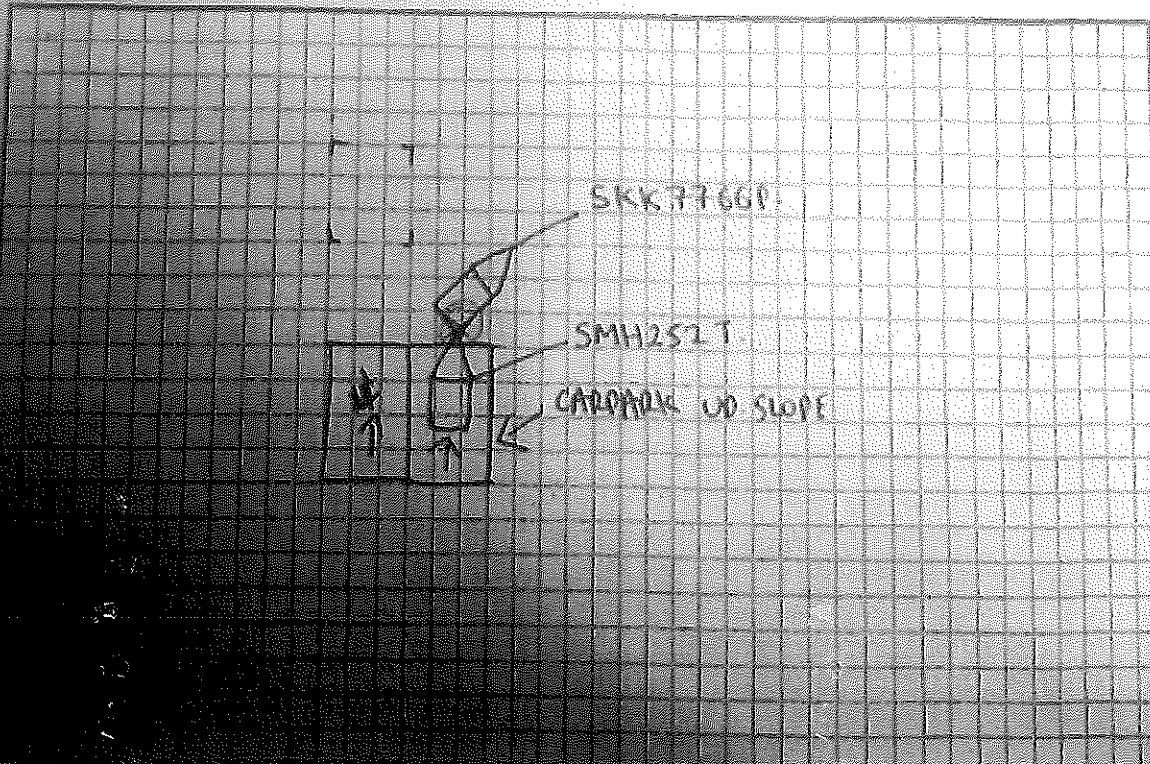
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any false representation or withholding of material facts may cause 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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GIA Road Traffic Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and may copies of this report will for a fee be made available upon application by interested parties.
7. By the completion 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 as stated.
8. Consent under the Personal Data Protection Act (PDPA)
  - a. I, the insured, my attorney and the General Insurance Association of Singapore (GIA) may be 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 processed by insurers (collectively the "Personal Information") and disclose and transfer such Personal Information to an insurer(s) who have insured me/insured in the accident (as insurer(s) who have insured vehicles) involved in the accident when be collectively referred to as the "Insurers". The Insurers' Government firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police, the fire department, etc.)
  - b. processing, handling and/or dealing with my name including the settlement of the claims and any necessary investigations relating to the claims.
  - c. investigating the accident and/or my claims.
  - d. carrying out and/or dealing with my insurances or processing in any enquiries by me.
  - e. administering my claims including the making of correspondence, statements, vouchers, 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
  - f. complying with appropriate law in administering, processing, handling and/or dealing with my claims, respectively the "Purposes".
9. All insurers and have insured vehicles involved in this accident and the Insurers' Government firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
10. my Personal Information may/are be disclosed by any of the insurers and/or GIA to their third party service providers or agents including their associated firms, which may be based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MAPS  
REPORTING OFFICER  
Mohamed Saifullah S/O Syed  
Masood  
Witnessed by Reporting Centre  
Representative

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I went up the multi story carpark slope and was stationary on the flat ground. Wanted to make a reverse to a parking lot. Then third party vehicle SMH252T came right up from the slope and hit my vehicle SKK7766P right back bumper. No injuries involved

Taxi Voucher No.:

DECLARATION

We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

5 February 2019 at 1:00 PM

Date/Time:

5 February 2019 at 1:00 PM