

## 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	12/03/2019 17:08
Date Of Accident	12/03/2019 08:15
Exact Location Of Accident	ECP CITY BOUND (AFTER LAGUNA FLYOVER)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EH27Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YOONG KIM SEE LINDA
NRIC No	S1602330B
Email Address	LINDA@BCS.COM.SG
Mobile Phone No	(LOCAL) +65-91792772
Alternative Phone No	OTHERS-96326503

### Vehicle Particulars

Manufacturer	BMW
Model	316I SPORT
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	D18MTPV01015178
Cover Note Number	

### Driver

Name of Driver	TAN KIM SAN
NRIC No	S1409227G
Date Of Birth	09/04/1960
Occupation	INDOOR
Date Of Driving Pass	16/01/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96326503
Fax Number	(LOCAL) +65-91792772
Contact Number	
Email Address	RICTAN@BCS.COM.SG

Address	65 SENNETT LANE
Postcode	466955
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	SQ33R
	-
	-
Insurance Company of Driver's Own Vehicle	AVIVA LTD
	-
	-

#### 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)	3
Passenger 1	NAME: : TAN RUI XIA RACHEL GENDER: : FEMALE
Passenger 2	NAME: : JOSHUA TAN YONG OON GENDER: : MALE

#### 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 ATTACH.

#### 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	SH9299D
Vehicle Make/Model/Colour	TOYOTA PRIUS (BLUE)
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YONG KING FENG
NRIC/Passport Number	S1657274H
Contact Number	
Address	
Postcode	

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

SKETCH PLANIMPORTANT NOTICE

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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 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:

12/3/2019  
3:35 pm

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

12/3/2019  
3:25 pm

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

## SKETCH PLAN

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12/3/2019 I was driving vehicle EH274 sending my son & daughter to work. From my home I was travelling along Laguna Figover & exited into ECP citybound at about 8:15 am. Barely 60-80 metres after entering onto ECP a taxi (SH 92992) suddenly rammed into the rear of my vehicle.

At that point in time I had just entered onto ECP and was travelling on the inner most lane. Due to heavy morning peak hour traffic I was travelling at approx ~~to~~ a speed of 40 km/hr.

The impact from behind was so great that my car only came to a complete stop about 2/3 car length in front of the taxi. My daughter was seated in the front passenger seat. My son was seated at the left side rear passenger seat. All three of us have our seatbelts strapped otherwise there could be serious injuries because we were all jolted from our seats.

After the accident the taxi driver did not even alight from his vehicle and using his handphone to make calls throughout the time. As it was morning peak hour we took photos of the accident scene & left soon in order not to cause further traffic congestion.

We will be visiting a medical doctor for a check-up. I felt a discomfort in the neck & shoulder area. My son now felt a stiff shoulder. I will be making a police report accordingly.

## DECLARATION

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

Policyholder's Signature

Date & Time:

12/3/19  
3.35 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/3/19  
3.35 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: