

Chua

MTG419113383 / TC AutoClinic Pte Ltd - Lok Yang
 ENTRY DATE & TIME: 28/08/2019 09:29
 SUBMITTED BY: Chua Leng Leng

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 28/08/2019 09:29
 Date Of Accident 27/08/2019 18:55
 Exact Location Of Accident JALAN BUKIT MERAH/LOWER DELTA TWD CTE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG3188C
 Insured/Policyholder
 Name Of Registered Owner LIM GHEE SOON
 NRIC No S1514015A
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-81286305
 Alternative Phone No OFFICE-81286305
Vehicle Particulars
 Manufacturer LEXUS
 Model IS-200 (A)
 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 PRIVATE CAR
Insurance Company
 Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number D19MTPV01000469
 Cover Note Number
Driver
 Name of Driver TAN SOK CHING ESTHER
 NRIC No S1550380G
 Date Of Birth 15/01/1962
 Occupation INDOOR
 Date Of Driving Pass 17/09/1993
 Driving Experience 25 YEARS AND 11 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-81286305
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address 32A SIMON PLACE
 Postcode 546005
 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 -
 -
 -
 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? YES
 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) 2
 Passenger 1 NAME: : LIM SEOK NGOH ✓
 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 SKETCH PLAN

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 PC7946U
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damago
 No. Of Passenger (including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|----------------------|
| Name | TAN SOK CHING ESTHER |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SGG3188C |
| Were seat belts worn? | YES |
| Was this Injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|---------------|
| Name | LIM SEOK NGOH |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SGG3188C |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan Pg. 1


SKETCH PLANIMPORTANT NOTICE

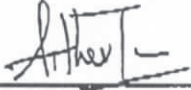
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8. Consent under the Personal Data Protection Act (PDPA)

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:
 - (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.

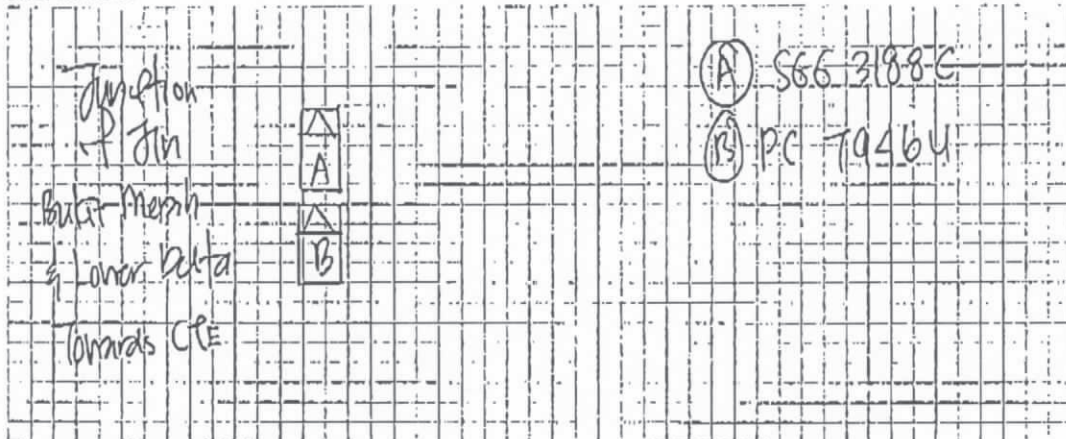

 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 27/8/19 8.09pm


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time as I was approaching the junction, the traffic light turned amber, I managed to stop in time. A few seconds later I felt a great impact from the rear caused my car to jump forward in one car length. I came out and discovered a bus PC 79464 had hit onto my rear portion of my vehicle.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

LAPM SketchPlan.com V3

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 27/8/19 8:09pm

[Signature]
 Reporting Centra Personnel's Signature
 Name:
 NRIC/FIN No.: