

## 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	29/09/2019 05:48
Date Of Accident	27/09/2019 18:50
Exact Location Of Accident	ORCHARD RD OUTSIDE PLAZA SINGAPURA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4999P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN GHIM LENG MARK
NRIC No	S7700929I
Email Address	MARK.BIGWORKS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81880914
Alternative Phone No	OFFICE-81880914

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 COUPE AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	D19MTPV01010029
Cover Note Number	N.A.

### Driver

Name of Driver	TAN GHIM LENG MARK
NRIC No	S7700929I
Date Of Birth	13/01/1977
Occupation	INDOOR
Date Of Driving Pass	30/12/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81880914
Fax Number	
Contact Number	OFFICE-81880914
Email Address	MARK.BIGWORKS@GMAIL.COM

Address	NA
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	SIDE SWIPE
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?	
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

My vehicle was already changed into the left lane. Suddenly I felt an impact from behind and saw a vehicle had brushed onto my vehicle left side rear portion. The traffic flows was slow moving along ORCHARD RD .

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NA
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB5759J
Vehicle Make/Model/Colour	TOYOTA/VELLFIRE/BLA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SHING KAI
NRIC/Passport Number	S8200985Z
Contact Number	97898277
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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6. 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.
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.

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**AIZAM BIN ATAN**

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

A: SMN 4999P  
B: SLB 5759J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
AIZAM BIN ATAN

Reporting Centre Personnel's Signature  
Name:  
NRIP/CIR No.:

**ACCIDENT STATEMENT (2000 characters)**

My vehicle was already changed into the left lane. Suddenly I felt an impact from behind and saw a vehicle had brushed onto my vehicle left side rear portion. The traffic flows was slow moving along ORCHARD RD .

Taxi Voucher No.:

**DECLARATION**

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

28 September 2019 at 4:00 PM

Date/Time:

28 September 2019 at 4:00 PM

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



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**Accident Photo**





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





## Driving License



## Driving License



## Addendum Sheet



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MBHH19128664 Vehicle Registration No: SMN4999P  
Name(as shown in NRIC) : TAN GHIM LENG MARK NRIC/FIN/Passport No : S7700929I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 81880914  
Email Address : mark.bigworks@gmail.com  
Date of Accident : 27/06/2019 Time of Accident : 18:50  
Place of Accident : ORCHARD RD OUTSIDE PLAZA SINGAPURA  
Insurance Company: SOMPO INSURANCE SINGAPORE PTE. LTD.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND ACCIDENT DATE : 27/09/2019

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

SUSAN  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: f s neo  
NRIC/FIN No.:  
Date: 01/10/2019