

## 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 22/11/2019 18:20  
Date Of Accident 21/11/2019 19:20  
Exact Location Of Accident ECP CHANGI AIRPORT EXIT SHEARES AVE  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK9913U  
Insured/Policyholder  
Name Of Registered Owner TAN PUI GUAN  
NRIC No S1222065J  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-97607668  
Alternative Phone No OFFICE-97607668

### Vehicle Particulars

Manufacturer BMW  
Model Z4 SDRIVE 30I MSPT NAV  
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? YES  
If No, Please state action to be taken  
Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number D19MTPV01007648  
Cover Note Number

### Driver

Name of Driver TAN YIFENG  
NRIC No S9445009H  
Date Of Birth 26/11/1994  
Occupation INDOOR  
Date Of Driving Pass 16/10/2013  
Driving Experience 6 YEARS AND 1 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-97607668  
Fax Number  
Contact Number  
Email Address YIFENG94@GMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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

On 21st Nov 2019, 1920hrs, I was driving SMK9913U along Ophir Road on the extreme right lane. As I was approaching the bend trying to filter left, vehicle B brake suddenly and I was unable to stop in time. After which, I went down to exchange particulars only to realise that there was another vehicle involved. I believe vehicle B and A were already involved in an accident.

#### 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	SKX3178U
Vehicle Make/Model/Colour	NISSAN / SYLPHY 1.6 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHIN TECK
NRIC/Passport Number	S1440001Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2



Vehicle Registration Number	00000000
Vehicle Manufacturer/Model	2000000000000000
Vehicle ID/Registration	
Vehicle Category	Truck
Name of Driver	0000000000000000
AKO/Passport Number	00000000
Current Number	
Address	
Postcode	
Insurance Company Name	
Vehicle ID/Driver	
No. of Passenger (including Driver)	



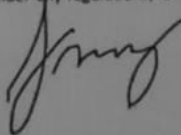
## Sketch Plan

### SKETCH PLAN

SMK9913U

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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.



VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/11/19, 2:57  
PM

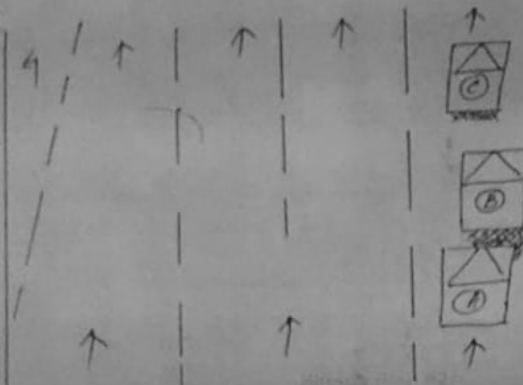
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

Left Hand  
Control Road  
Right Hand  
Control Road  
Narrow Road  
(10m wide)

Left Hand  
Control Road



Class No 2  
NCR (R12)  
1st Class Driver

(A) : SMK 991344 - R12 - 019

(B) : NCR - SK 13784

(C) : SMPT Taxi  
SK 14554D

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21st Nov 19 1420 H, I was driving SMK 991344 along Ophir Road on the extreme right lane. As I was approaching the bend trying to filter left, Vehicle B brake suddenly and I was unable to stop in time.

Afterwards, I went down to exchange particulars only to realize that there was another vehicle involved I believe Vehicle B and A were already involved in an accident.

## 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 22/11/19

Reporting Centre Personnel's Signature  
Name MO AZALY  
RUC/PIN No