

8/26/2019

E-FILE

(Draft)

MLHM19111805 Llai Huat (Meng Kee) Motor Pte Ltd - Sin Ming  
 ENTRY DATE & TIME: 26/08/2019 09:28  
 SUBMITTED BY: [To Be Confirmed]

## 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 26/08/2019 09:29  
 Date Of Accident 25/08/2019 17:45  
 Exact Location Of Accident JUNCTION OF SERANGOON CENTRAL RD & UPP S'GOON RD  
 Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH912Y  
**Insured/Policyholder**  
 Name Of Registered Owner CHUA DIN HWEE, KELVIN  
 NRIC No S8006014I  
 Email Address FIND.KELVIN@GMAIL.COM  
 Mobile Phone No (LOCAL) +65-97632595  
 Alternative Phone No Others-97632595  
**Vehicle Particulars**  
 Manufacturer BMW  
 Model 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV  
 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  
 Cover Note Number

## Driver

Name of Driver CHUA DIN HWEE, KELVIN  
 NRIC No S8006014I  
 Date Of Birth 06/03/1980  
 Occupation INDOOR  
 Date Of Driving Pass 17/05/1999  
 Driving Experience 20 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-97632595  
 Fax Number  
 Contact Number OTHERS-97632595  
 Email Address FIND.KELVIN@GMAIL.COM  
 Address 8 WOODLEIGH CLOSE  
 #13-20  
 Postcode 357903  
 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 -

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**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?  
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: : TOH CAI YUN  
Gender: : Female  
Passenger 2  
Name: : ZAYCUS CHUA  
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**

PLEASE REFER TO SKETCH PLAN.

**Attachment(s)**

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

**DETAILS OF OTHER VEHICLE PROPERTY**

Vehicle Registration Number SDE6313J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## SKETCH PLAN

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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:

26 AUG 2019

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

26 AUG 2019

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

CH PLAN

UPPER SERANGOON ROAD

Accident Point

SMH 912 Y

SDE 63133

Date of Accident  
25/8/19

Time:  
17:45hrs

Date of Accident:  
25/8/19  
Time:  
17:45hrs.

Accident dated on the 25th Aug 2019, at 1745 along Serangoon Central road, vehicle SMH 912Y was turning right on a cross junction. Just as my vehicle SMH 912Y was moving off, a Renault SDE 6313J accelerated and hit me on the rear, causing an accident. Driver of SDE 6313J has admitted fault and will not contest on the claims. Video Footage has also been recorded for further evidence.

Repair at workshop: HWA SENG SPRAY PAINTING

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

Reporting Centre Personnel's Signature