# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

EMail Address

- 1. Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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

aroresard.	·	The state of the s
	ACCIDENT STATEMENT	
Date Of Report	26/11/2019 21:42	
Date Of Accident	26/11/2019 11:35	
Exact Location Of Accident	LOWER KENT RIDGE RD ROUND ABOUT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDG4848K	
Insured/Policyholder		
Name Of Registered Owner	ONG WAH BUAY	
NRIC No	S1649458E	
Email Address	LINDAONG@SINOMETAL.COM.SG	
Mobile Phone No	(LOCAL) +65-98582823	
Alternative Phone No	OTHERS-98582823	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	
Model	PASSAT B8 2.0 TFSI AT SR 3G24MY HUD	
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	D19MTPV01010013	
Cover Note Number	N.A	
Driver		
Name of Driver	DOUGLAS MOK	
NRIC No	S9808395B	
Date Of Birth	15/02/1998	
Occupation	INDOOR	
Date Of Driving Pass	07/09/2018	
Driving Experience	1 YEAR AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-98582823	· ·
Fax Number		8.
Contact Number	b	

LINDAONG@SINOMETAL.COM.SG

Address

NA

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

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.

YES

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

I was at the outer lane of the roundabout, going straight as I've not exited yet. The taxi, made a turn from the inner lane, with an attempt to exit the roundabout. His vehicle is also behind me and hence as he was making the attempt to exit the roundabout, the front of his vehicle hit the right side of my vehicle, towards the back of my car. As we are at a roundabout, I quickly drove towards the NUH drop off point, and the taxi followed suit. We then alighted and exchange information.

### 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

SHD6508Y

Vehicle Make/Model/Colour

HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR / BLUE

**Details Of Properties** 

N.A

Vehicle Category

TAXI

Name of Driver

KOH CHWEE LING

NRIC/Passport Number

S1696082I

Contact Number

90415727

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

2

: P1

GENDER:

: FEMALE

#### Sketch Plan Pg. 1

### SKETCH PLAN

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

Lunderstand, 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 the purpose(s).
  - 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 daims.(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:
  - 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
  - (iii) for complying with requirements under any regulations, laws or court orders.

an

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyhalder) Dace & Time Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN	SKETCH PLAN	
The second second	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
The second of		
· 科林特里		
	A Dies ! I	
The second second second		
กา SUG	3 4848 K   Kent Biles B)	
0: 2H	1065084   A   to Round about	
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT	
REFER TO ATTACHED	D STATEMENT,	
1		
ECLARATION		
	Articulars are true in every respect.  VERIFY BY AJAX	MARS (ARC)
ECLARATION We declare the foregoing par	REPORTING	OFFICER
We declare the foregoing par	REPORTING AIZAM BIN	OFFICER ATAN
	REPORTING	OFFICER ATAN

# Sketch Plan #3 Pg. 1

# ACCIDENT STATEMENT (2000 characters)

I was at the outer lane of the roundabout, going straight as I've not exited yet. The taxi, made a turn from the inner lane, with an attempt to exit the roundabout. His vehicle is also behind me and hence as he was making the attempt to exit the roundabout, the front of his vehicle hit the right side of my vehicle, towards the back of my car. As we are at a roundabout, I quickly drove towards the NUH drop off point, and the taxi followed suit. We then alighted and exchange information.			
Taxi Voucher No.:			
DECLARATION			
I/We declare that the above particulars & information provide	ded above are true in every aspect		
VERIFIED BY AJAX MARS REPORTING OFFICER - AIZAM BIN ATAN			
	Dan		
MARS Officer	<u> </u>		
	Registered Owner or Driver's Signature		
Job Complete Date/Time	Date/Time:		