

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	03/12/2019 11:38
Date Of Accident	02/12/2019 17:20
Exact Location Of Accident	HORNE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3391G
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Insured/Policyholder

Name Of Registered Owner	KEVIN BOOKS & STATIONERY
Co Reg No	27342300B
Email Address	KEVIN_BOOKS_AND_STATIONERY@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67442095

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTPCVE002961
Cover Note Number	17/09/19 - 16/09/20

Driver

Name of Driver	SIEW KIN YIP
NRIC No	S1591016Z
Date Of Birth	19/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1988
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91719752
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 540 HOUGANG AVE 8 #12-1235
Postcode	530540
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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?	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

I travelled straight along Horne Road. SKK4641K which was parked on my left suddenly open his driver door and hit onto left portion of my vehicle. No one injured.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK4641K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TZE KAI (CHEN ZHIKAI)
NRIC/Passport Number	S8135747A
Contact Number	83338657
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: 6823391G
INSURER : Compo
DATE & TIME: 2/12/19 17:20

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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.

KEVIN BOOKS & STATIONERY
15 YISHUN INDUSTRIAL STREET 1
#06-22 WIN 5 SINGAPORE 768091
Tel: 6744 2095 Fax: 6742 7706

Reg. No.: 27342300B

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 #2

SKETCH PLAN

Refer Attach

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: Sampo

Ver No. GB23391G

DOA-2/12/19 17-20

I travelled straight along Horse Road. SKK4641K which was parked on my left suddenly open his driver door & hit onto left portion of my vehicle. No one injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION: KEVIN BOOKS & STATIONERY

15 YISHERIM LTD. We declare the foregoing particulars are true in every respect.

#06-22 WIN 5 SINGAPORE 768091

Tel: 6744 2095 Fax: 6742 7706

Reg. No.: 27342300B

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.:

GA/AMC SketchPlanForm_V3 () Claim Own Policy (/) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Sketch Plan #3

