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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	11/02/2020 17:39	
Date Of Accident	11/02/2020 09:25	
Exact Location Of Accident	ALG 1E KENT RIDGE ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKU8456A	
Insured/Policyholder		
Name Of Registered Owner	LIM CHEN-YI DANIEL	
NRIC No	SXXXX258J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92228508	
Alternative Phone No	OFFICE-92228508	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	5.2.0L SUNROOF	
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	D19MTPV01012136	
Cover Note Number		
Driver		

Name of Driver LEONG PUI SI ,SARAH (LIANG PEISI, SARAH)

NRIC No SXXXX510J
Date Of Birth 29/06/1982
Occupation INDOOR
Date Of Driving Pass 04/01/2002

Driving Experience 18 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-92228508

Fax Number
Contact Number

EMail Address SARAH.LEONG@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I was parking my car along 1E Kent Ridge Road at the pick up point. I had checked around my car to ensure that there were no other vehicles around. Suddenly I felt some impact from the back. I alighted and discovered that another vehicle, SLV8607P had collided with my left rear side, resulting in damage to the left rear area of my car. No injuries were involved.

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 SLV8607F

Vehicle Make/Model/Colour MERCEDES BENZ / A180 FL STYLE (R17 HLG)

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver WONG WENG KIN

NRIC/Passport Number SXXXX355Z Contact Number 93434500

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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 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.

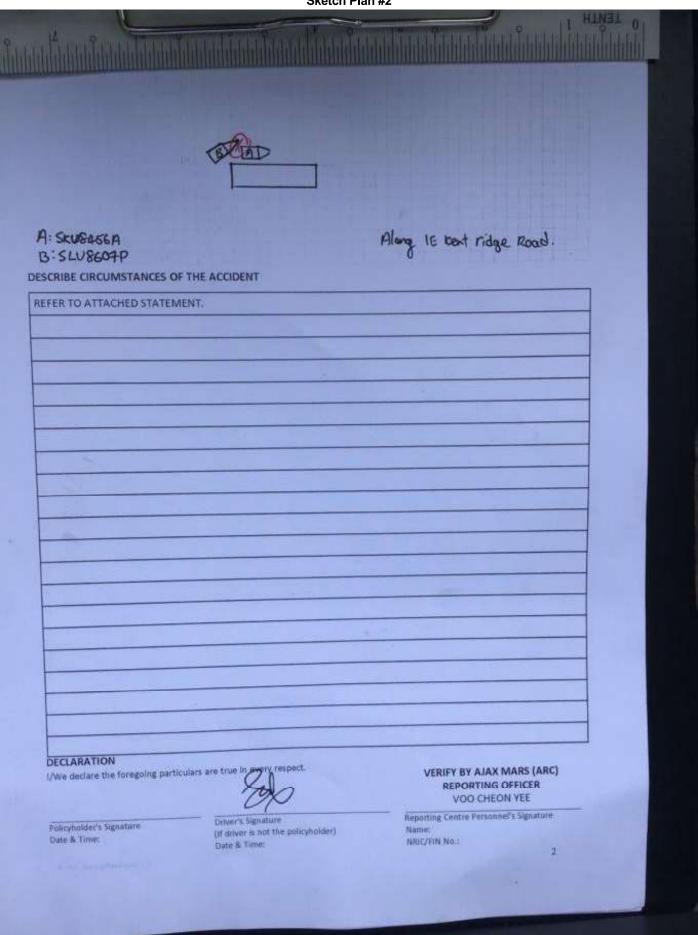
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
VOO CHEON YEE

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.:

GIARMC SketchPlanForm_V3



ACCIDENT STATEMENT (2000 characters)

behind. Subsequently I came down and	e road. Suddenly I felt some impact sound from d checked my car, another vehicle SLV8607P position. Damages to my car rear left side
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provided by AJAX MARS REPORTING OFFICER - JOHNNY VOO CHEON YEE	ided above are true in every aspect
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
11 February 2020 at 1:27 PM	11 February 2020 at 1:27 PM