

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 25/02/2020 12:54
Date Of Accident 24/02/2020 13:20
Exact Location Of Accident SLIP RD TO BRADDELL RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBY9900M
Insured/Policyholder
Name Of Registered Owner LIM KIEW HONG
NRIC No SXXXX981G
Email Address KHLIM@FMCSYS.COM.SG
Mobile Phone No (LOCAL) +65-81890090
Alternative Phone No OFFICE-81890090

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model 200E-2.0 (A)

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 D19MTPV01015522
Cover Note Number

Driver

Name of Driver LIM KIEW HONG
NRIC No SXXXX981G
Date Of Birth 27/05/1954
Occupation INDOOR
Date Of Driving Pass 01/01/1980
Driving Experience 40 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-81890090
Fax Number
Contact Number OFFICE-81890090
EMail Address KHLIM@FMCSYS.COM.SG

Address 16 SPRINGLEAF HEIGHT S788110
 Postcode
 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 -
 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

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? YES
 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) 2
 Passenger 1 NAME: : HO LAN ENG
 GENDER: : FEMALE

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

REFER TO ATTACHED REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YQ521C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver CHELLIA SATHISHKUMAR
 NRIC/Passport Number
 Contact Number 91212603
 Address NA
 NA
 Postcode NA
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	HO LAN ENG
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SBY9900M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	NA
	NA
Postcode	NA

Accident Sketch Plan Pg. 1

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.

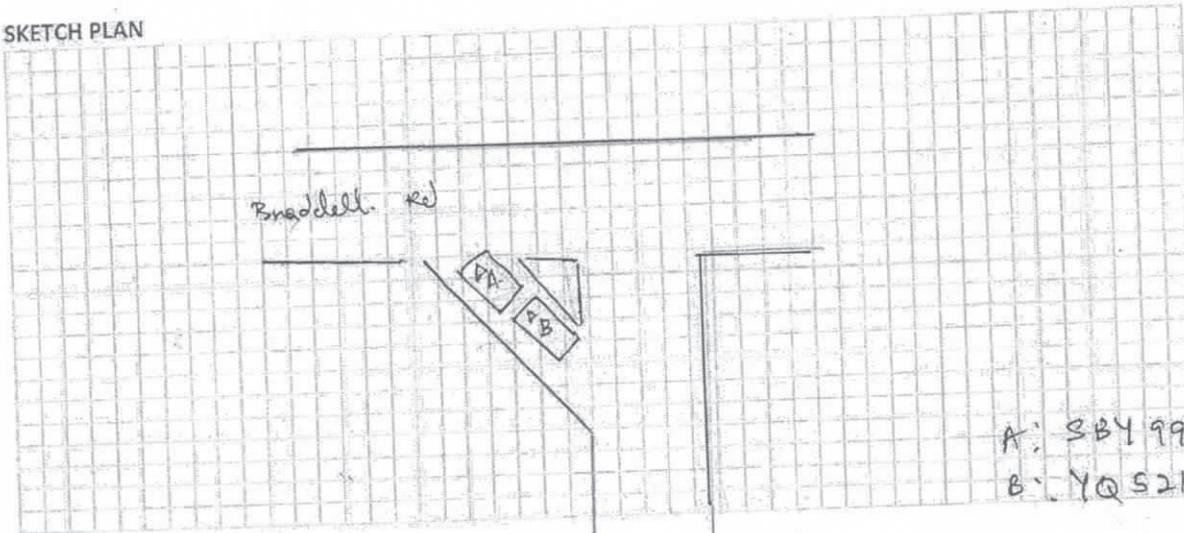
 Policyholder's Signature
 Date & Time:
 25/2/17 PM

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the slip road waiting for main road to clear before I filter out. Suddenly I felt an impact from behind & realised vehicle B has hit onto my rear partition. The impact has cause some neck pain to my passenger.

INSURER: Sampo

VEHICLE: SBY 9900M

DOA: 24/2/2020

CLAIM TYPE: TP

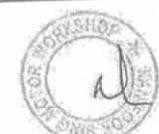
WORKSHOP: Super Zee Motor Service

DECLARATION

(We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature
 Date & Time: 25/2 - 1.20 pm

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



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