

**IMPORTANT NOTICE****SINGAPORE ACCIDENT STATEMENT**

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 05/05/2020 15:06  
Date Of Accident 05/05/2020 12:35  
Exact Location Of Accident STEVEN ROAD  
Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SDP92C  
**Insured/Policyholder**  
Name Of Registered Owner SEOW PEI JUIN  
NRIC No SXXXX535G  
Email Address DENNIS@DS-PRODUCTION.ASIA  
Mobile Phone No (LOCAL) +65-90676227  
Alternative Phone No OFFICE-NOPHONE

**Vehicle Particulars**

Manufacturer MERCEDES-BENZ  
Model CLA180  
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 D19MTPV01011678  
Cover Note Number 17/08/2019 TO 16/08/2020

**Driver**

Name of Driver CHEE HUNG SIONG DENNIS  
NRIC No SXXXX344J  
Date Of Birth 31/08/1971  
Occupation OUTDOOR  
Date Of Driving Pass 20/10/2009  
Driving Experience 10 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-90676227  
Fax Number  
Contact Number  
Email Address DENNIS@DS-PRODUCTION.ASIA

Address APT BLK 126 PASIR RIS ST 11 #06-363  
Postcode 510126  
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 - MAJOR/MIJOR PD  
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? 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**

REFER TO SKETCH PLAN

**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 XE499J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver MOHAMED HILMEE BIN MOHAMED  
NRIC/Passport Number SXXXX108B  
Contact Number 87692926  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

Sompo  
Veh: SDP 92C

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. 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.
7. 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.

Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05/05/2020

Reporting Centre Personnel's Signature  
Name: M. L. S. S. S.  
NRIC/FIN No.: 05/05/2020



Date of accident: 5/5/20

My Vehicle A: SDP 92C

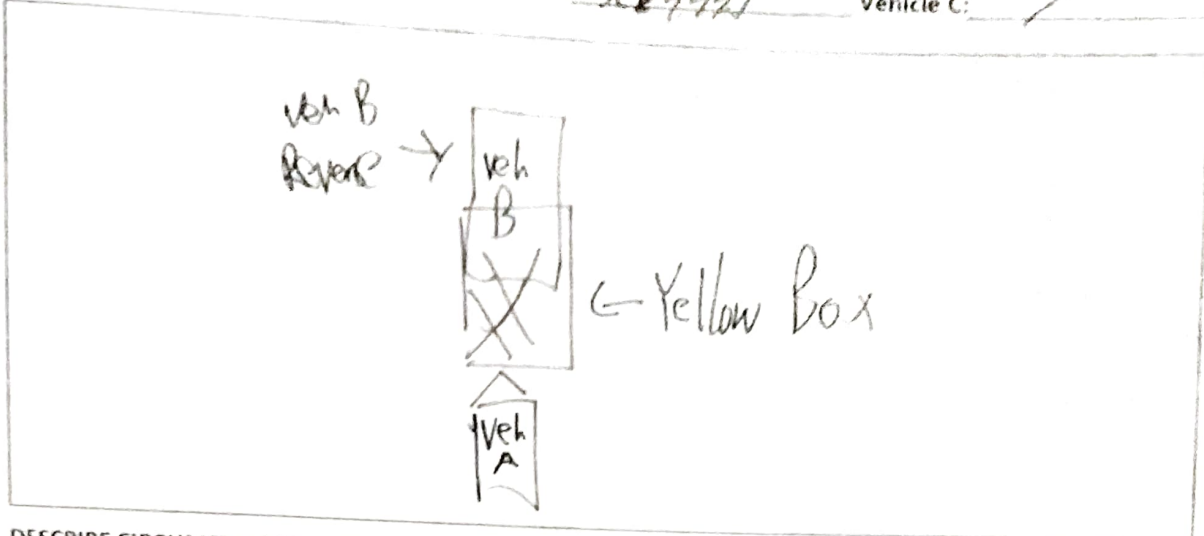
Time: 2:35

Location: Stuen Rd

SKETCH PLAN

Vehicle B: XB499J

Vehicle C: /



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Stuen Rd and I stop my Veh before the yellow Box when the truck in front of me stop.

All of a sudden the truck Veh B engage reverse gear and cause crashing of my Veh and hit my front.

Please note that my Veh A is stationary.

☐ Claim OD/TP at Ah Lim Motor

☒ Claim OD/TP at other workshop

☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Kian Tiong Auto

Email address: Info@ktauto.com.sg

& myself

Email address: dennis@ds-production.asia

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Vehicle: SDP 92C

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time

05/05/2020

Reporting Centre Personnel's Signature

Name

NRIC/FIN No

05/05/2020

