

## 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	23/05/2020 14:08
Date Of Accident	22/05/2020 18:00
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4816U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ETHOZ GROUPL TD
Co Reg No	1XXXXX531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5 (A) X
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	
Cover Note Number	

### Driver

Name of Driver	CHEN SOK MENG
NRIC No	SXXXX464H
Date Of Birth	14/07/1977
Occupation	INDOOR
Date Of Driving Pass	23/03/1999
Driving Experience	21 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90297630
Fax Number	
Contact Number	
EEmail Address	CASANDRA.CHEN@DOKA.COM

Address	26 WOODLANDS CRESCENT #12-28
Postcode	738084
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	HEAVY RAIN
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)	2
Passenger 1	NAME: CHEN SOK LANG
	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

KINDLY REFER TO SKETCH PLAN.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8601C
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SEAH CHIN PAO
NRIC/Passport Number	SXXXX283H
Contact Number	97552225
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

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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.

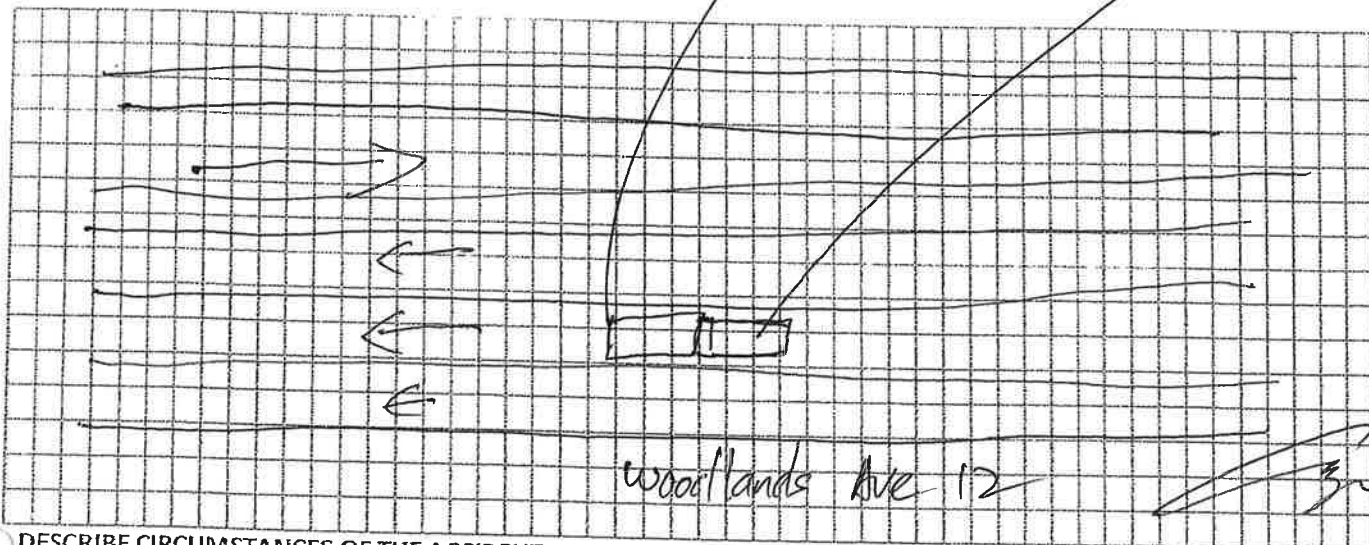


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22 May 2020 at about 6pm, I (Driver of SML 4816 U) was coming from SLE to Woodlands Avenue 12. At Woodlands Avenue 12 Middle lane / 2nd lane, there are 3 lanes all together. The car in front of me were at stop condition due to traffic light & heavy traffic, I stopped the car as well, the car behind my back taxi with Hyundai model of SHC 8601 C was bang to my car at the back. Thereby I slowly drive to third lane, stopped the car at third lane & go out of the car to see the damage condition. The driver of the Taxi, Mr Seah Chin Pao was, coming out of his Taxi & checked my car condition. The back of the car (SML 4816 U) was with dent & scratches. My sister took some pictures of both cars, the taxi driver, Mr Seah gave us his name & phone number. We left after assuring no personal injury at both side. We did not manage to talk a lot due to the very heavy rain condition at that moment of accident.

### Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
✓	- Claim TP
	- Claim OD/ TP at other workshop

### DECLARATION

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



Policyholder's signature  
Date & Time

Driver's Signature  
(if driver not the policyholder)

Date & Time 23/5/2020  
10:40

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.