

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 20/08/2020 15:09
Date Of Accident 20/08/2020 10:35
Exact Location Of Accident JURONG EAST AVE 1 TWDS JURONG TOWN HALL RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA2122J
Insured/Policyholder
Name Of Registered Owner TEO CHEE KIONG
NRIC No SXXXX992A
Email Address MUNITED7@YAHOO.COM
Mobile Phone No (LOCAL) +65-82992122
Alternative Phone No OFFICE-82992122

Vehicle Particulars

Manufacturer HONDA
Model SHUTTLE
Exact Purpose for which vehicle was being used at time of accident PRIVATE USAGE
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 D20MTPV01007965
Cover Note Number

Driver

Name of Driver TEO CHEE KIONG
NRIC No SXXXX992A
Date Of Birth 23/06/1976
Occupation INDOOR
Date Of Driving Pass 13/06/2000
Driving Experience 20 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82992122
Fax Number
Contact Number OFFICE-82992122
Email Address MUNITED7@YAHOO.COM

Address	BLK 540 HOUGANG AVE 8 #07-1239
Postcode	530540
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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 ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH5758Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. This report **is not legally** a receipt of the incident as stated in the policy provision.
2. This form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided herein is **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may affect the validity of coverage or constitute an immediate policy forfeiture.
4. The scope and completion of this form by the insured, irrespective of an admission of policy liability on the part of the insurance company.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the Road Traffic Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of this report will be made available upon application to designated parties.
7. By the completion 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 thereafter.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my employer and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, discuss and/or process my personal data/personal information set out in this form and any other personal information provided by me or provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurance policyholders involved in this incident (all insurers) who have incurred vehicles involved in this incident shall be collectively referred to as the "Insurers"; the insurers' insurance forms, the Motorist Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 investigations 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 in being 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 insurers who have incurred vehicles involved in this incident and the insurers' insurance forms, may/are permitted to collect, use, discuss and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/are be disclosed by any of the insurers and/or GIA to their third party service providers or agents/including their employees/agents, which may be used outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will not 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 or material under of above may be shared, disclosed:
 - (i) to all insurers and/or any other third parties for need in evaluating, investigating, handling or managing third party claims; law enforcement and government agencies, or reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulatory laws or court order.



Policyholder's Signature
Date & Time

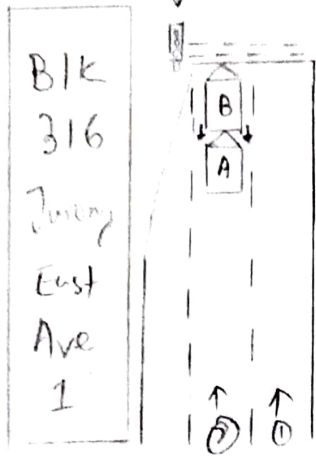


Authorized Driver
Signature of the policyholder
Date & Time

CONFIRMATION OF RECEIPT
Date: 20/08/2024
Time: 10:00 AM

Reporting Officer's Signature
Name:
Date: 20/08/2024

SKETCH PLAN




A = SMA 2122 J
B = GBH 575BZ
Jurong East Ave 1
towards
Jurong Town Hall Road
(Beside B1K 316 Jurong
East Ave 1)


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to attached

DECLARATION

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


Policyholder's Signature
Date & Time


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


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

On 20.08.20 at about 10:35 hours at along Jurong East Ave 1 towards Jurong Town Hall Road (Beside Blk 316 Jurong East Ave 1) . When I was stationary waiting for the traffic light to turn green on the lane 2.

I saw my front vehicle (B) roll back towards my vehicle (A). I horned to him for my presence but he still keep on roll back till his vehicle had a collision on my front portion of my vehicle causing damages to my vehicle.

Vehicle (A) : SMA2122J

Vehicle (B) : GBH5758Z

A handwritten signature in black ink, appearing to be 'J. Lee' or similar, located to the right of the vehicle information.