

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 19/11/2020 16:50
Date Of Accident 18/11/2020 16:15
Exact Location Of Accident BUKIT BATOK EAST AVE 3
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW1211L
Insured/Policyholder
Name Of Registered Owner HUA GUAN HONG
NRIC No SXXXX807G
Email Address HUAGUANHONG@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-98211147
Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer MITSUBISHI
Model LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR

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? YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number red: 3556.40; 404% D20MTPV01002601
Cover Note Number

Driver

Name of Driver HUA GUAN HONG
NRIC No SXXXX807G
Date Of Birth 06/05/1976
Occupation INDOOR
Date Of Driving Pass 17/12/2007
Driving Experience 12 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98211147
Fax Number
Contact Number OFFICE-NOPHONE
Email Address HUAGUANHONG@HOTMAIL.COM

Address BLK 229 BUKIT BATOK EAST AVE 3 #09-108
 Postcode 650229
 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 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? 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: : HUA YI ZOE
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CLEMENTI N.P.C
 Police Station Address ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT NO.T/20201119/2047

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 SKP216E
 Vehicle Make/Model/Colour TOYOTA CAMRY
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LOW YEW SIM
 NRIC/Passport Number SXXXX431D
 Contact Number 90234554
 Address

SKETCH PLAN

Veh A: SJW 1211L
Veh B: SKP 216E

IMPORTANT NOTICE

1. Please report specifically the details of the accident to speed up the claims process.
2. This form must be completed by the motorists and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind policy liability.
4. The name and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Box take receipt may be referred to the Police for investigation
6. The report will be forwarded by the insurers of the GIA Roadside 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 lodging 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 workshop or responding to any enquiries by me;
 - (iv) administering my claims (including the making 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 claims 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 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 situated 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 of present and all future claims.
- (e) the information so collected under (a) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing funds, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulatory, laws or court orders.

I hereby declare that my insurer and I have agreed to refer any dispute arising out of or under my claim policy to the Arbitration Panel for more details.



Insured Driver's Signature
Date & Time

19 Nov 2020
16:30 hrs.

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



Arbitration Panel's Signature
Name: Lisa Lim
Date of the day: 19 Nov 2020

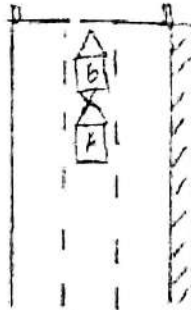
Sketch Plan #2

SKETCH PLAN
Veh A: SJW1211L
Veh B: SKP216E

To Bukit Batok
(Central)
↑

Bukit Batok
SI 21

Bukit Batok East Ave 4



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bukit Batok East Ave 3

Please Refer To Police Report No. T/20201119/2047

red: 3556.40 ;

DECLARATION

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


Policyholder's Signature
Date & Time:

19-Nov-2020
16:30 hrs.

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



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