

## 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	20/11/2020 16:09
Date Of Accident	19/11/2020 17:10
Exact Location Of Accident	AYE (CITY)B4 CLEMENTI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3556C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	9 DEGREE CONSTRUCTION PTE LTD
Co Reg No	2XXXXX351N
Email Address	ADMIN@9DEGREE.COM.SG
Mobile Phone No	(LOCAL) +65-91076280
Alternative Phone No	OFFICE-67931123

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	D20MTPCVE001314
Cover Note Number	04/05/2020 TO 03/05/2021

### Driver

Name of Driver	TEY KOI KEY
NRIC No	SXXXX556B
Date Of Birth	17/08/1948
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1979
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91076280
Fax Number	
Contact Number	OFFICE-67931123
EEmail Address	ADMIN@9DEGREE.COM.SG

Address	APT BLK 182 RIVERVALE CRESCENT #18-277
Postcode	540182
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : ERICA AVRELIO 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 ATTACH 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	GBE4152T
Vehicle Make/Model/Colour	NISSAN NV350 - BLUE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC4790L
Vehicle Make/Model/Colour	NISSAN CABSTAR - BLUE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

Sompo  
Vehicle: GBH  
3456C

IMPORTANT NOTICE

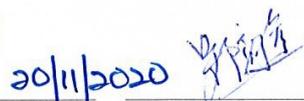
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

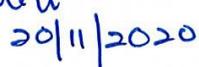
  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Person's Signature

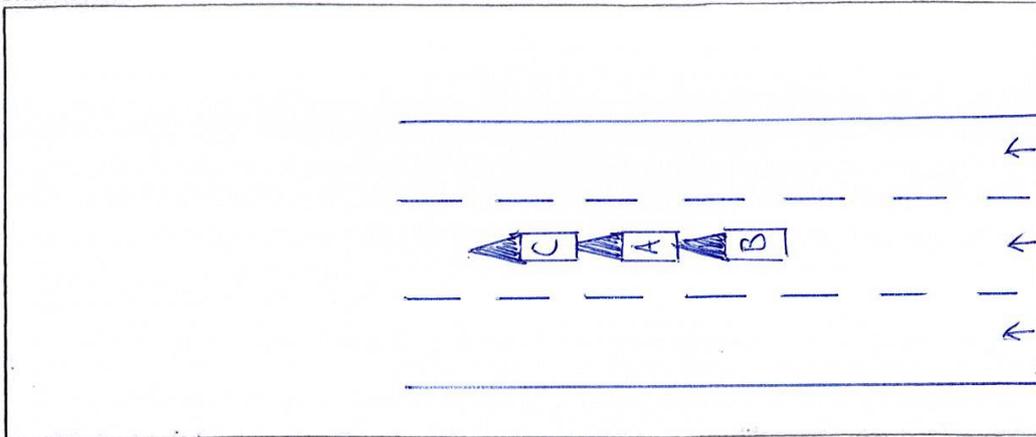
Name: 

NRIC/FIN No.: 

**Sketch Plan Pg. 2**

Date of accident: 19/11/2020 Time: 17 : 10 Location: AYE(CITY) before clementi exit  
 My Vehicle A: GBH 3556 C Vehicle B: GBE 4152 T Vehicle C: GBC 4790 L

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

ON THE 19<sup>th</sup> NOVEMBER 2020 I WAS TRAVELLING ALONG THE STRAID VENUE. TRAFFIC WAS MODERATE. THERE WAS A LORRY IN FRONT OF ME STOPPED. UPON SEEING I BRAKE MY VEHICLE AND CAME TO A COMPLETE STOP TOO, LEAVING A VEHICLE SPACE BEHIND. A FEW MOMENTS LATER, I FELT A VERY STRONG IMPACT AGAINST MY VEHICLE REAR PORTION. THE IMPACT CAUSED MY LORRY TO PROPELLED FORWARD AND HIT ONTO GBC 4790L. THERE WAS SOME METAL LIKE POLE BEHIND IT'S LORRY (GBC 4790L). THE OBJECT CAUSED A CRACK ON MY FRONT WINDSCREEN. I GOT OUT AND REALIZED IT WAS GBE 4152T HIT AGAINST MY LORRY AND CAUSED THIS CHAIN COLLISION.

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 : Team AutoPro Pte. Ltd.

Email address : Teamautopl@gmail.com

& myself :

Email address : admin@9degree.com.sg

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.

Policyholder's Signature: *[Signature]*  
 Date & Time: 20/11/2020

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

Reporting Centre Personnel's Signature: *[Signature]*  
 Name: Meli  
 NRIC/FIN No.: 20/11/2020

GIAR/MC SketchPlanForm\_V3

AH LIM MOTOR COMPANY

scene



scene



scene



scene



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



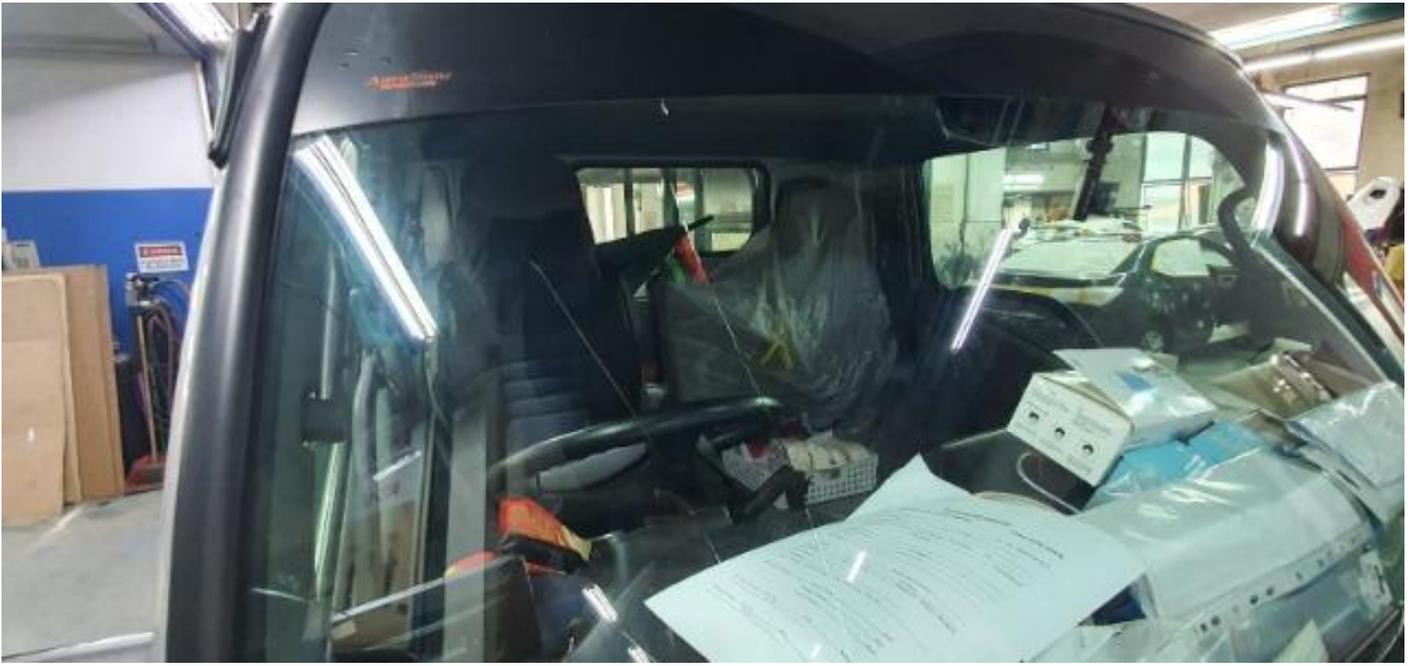
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