# **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 witholding 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.

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   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 Submission 07/12/2020 16:43 (SGT) Date of Accident 06/12/2020 10:15 (SGT) Exact Location of Accident 262 Tampines Street 21, Singapore Additional Location Information **CARPARK** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number SMT9057T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ROSS PHIROZE KHAN WONG JIAN HAO NRIC No. SXXXX343A Email Address ROSS.PHIROZE@GMAIL.COM Mobile Phone No (Phone) +65-96312386 Alternative Phone No +65-96312386

VEHICLE PARTICULARS

Manufacturer

Model 216i Variant 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 1499

**INSURANCE COMPANY** 

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D20MTPV01010472 Cover Note Number

DRIVER

Name of Driver ROSS PHIROZE KHAN WONG JIAN HAO NRIC No. SXXXX343A

Date Of Birth 22/02/1975 Occupation Indoor Date Of Driving Pass 11/08/1997 Driving experience 23 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96312386 Alt. Phone Number +65-96312386 Email Address ROSS.PHIROZE@GMAIL.COM Address BLK 262 TAMPINES ST 21 #07-268 Address complement Postcode 520262 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACH.

### ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident

FILE TOO BIG. WILL BURN INTO A DISK. Was there any audio recorded? No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SH8071A Vehicle Manufacturer Toyota Vehicle Model Prius Vehicle Variant Vehicle Colour Blue Vehicle Category Taxi Name of Driver SEAH HOEK GUAN NRIC No SXXXX167Z Contact Number (Phone) +65-82187723

Address	BLK 463 ANG MO KIO AVE 10 #05-1104
Address complement	-
Postcode	560463
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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.
- 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:
  - 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.:

KETCH PLAN		
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
2 2		
On 6 Dee .	10 at about 10-30pm	me Stan Informed ato my vehicle front 1884 at about 10:15 em
me that	he had bumped "	no my vehicle front left
bumper of T	ne accident occurred.	at about 10:15 em
bol		
	10 W	ONOROGEN TRANSPORTATION
6 8 (98-5)		
CLARATION		
ve deciare the foregoing part	culars are true in every respect.	
8		( ) 7/12/20
Jeyholder's Signature	Drîver's Signature	Reporting Centre Personnel's Signature
te & Time;	(If driver is not the policyholder)	Name: (6.20)

NRIC/FIN No.:

Date & Time:



































C Hamilto squey #10-00 3 ingapia C 0-0000 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 565500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

PARTICULARS OF PERSONMAKING THE AMENDMENTS:  Original Report No: SP0 (20 C 7 000 8 Vehicle Registration No: SMT 90 97 Name(as shown in NRIC): NRIC/FIN/Passport No: Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate  Address Singapore(  Contact (Tel): Mobile No.:  Email Address: Date of Accident: Q6.12.2020 Time of Accident: 10:15  Place of Accident: 262 TAMP(NES ST21 SINGAPORE)  Insurance Company: SOM PO  ADDITIONAL INFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would like to include additional information on make the following amendments:  TO AMOND OWNER NAME Should be  POSS PHIROZE KHAN WONE JIAN HAO  Policyholder / Driver's Signature  Reporting Centre Personnel's Signature  Name: WEI ANDE SCETTALS  Name: WEI ANDE SCETTALS		ADDENDUM
Name(asshownin NRIC):	PARTICULARS OF PER	RSON MAKING THE AMENDMENTS:
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate  Address :	Original Report No :	: SP 0 (20 C 7 000 8 vehicle Registration No: SMT 9057
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate  Address :	Name(as shown in NRIC) :	:NRIC/FIN/PassportNo :
Contact (Tel) :		
Email Address  Date of Accident: C6.12.2020 Time of Accident: 10:15  Place of Accident: 262 TAMP(NES ST 21, SINGAPORE  Insurance Company: SOM PO  ADDITIONAL INFORMATION / AMENDMENTS:  There made a report on the above mentioned accident and would like to include additional information of make the following amendments:  TO AMOND OWNER NAME Should be  POSS PHIROZE KHAN WONG JIAN HAO  Policyholder / Driver's Signature  Reporting Centre Personnel's Signature  Name: WEI ANNE CENTAL	Address :	:Singapore( )
Email Address  Date of Accident: CG.12.2020Time of Accident:	Contact (Tel)	:Mobile No. :
Date of Accident: 10:15  Place of Accident: 262 TAMPINES ST 21 SINGAPORE Insurance Company: SOMRO  ADDITIONAL INFORMATION / AMENDMENTS:  There made a report on the above mentioned accident and would like to include additional information of make the following amendments:  TO AMOND OWNER NAME Should be  ROSS PHIROZE KHAN WONG JIAN HAO  Policyholder / Driver's Signature Pate: Reporting Centre Personnel's Signature Name: WEI ANDER CENTRALE		
Policyholder / Driver's Signature  Place of Accident: 262 TAMP(NES ST 21, SINGAPORE  Insurance Company: SOMPO  ADDITIONAL INFORMATION / AMENDMENTS:  Thave made a report on the above mentioned accident and would like to include additional information of make the following amendments:  TO AMOND SUNCE NAME Should be  POSS PHIROZE KHAN WONG JIAN HAO  Policyholder / Driver's Signature  Reporting Centre Personnel's Signature  Name: MEI ANDE CETTAL	Date of Accident	. 06:12:20:20 Time of Accident: 10:15
InsuranceCompany: SOMPO  ADDITIONALINFORMATION/AMENDMENTS:  Thave made a report on the above mentioned accident and would like to include additional information of make the following amendments:  TO AMOND OWNER NAME Should be  POSS PHIROZE KHAN WONG JIAN HAO  Policyholder/Driver's Signature  Reporting Centre Personnel's Signature  Name: WEIGHNES CETTING		
ADDITIONALINFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would like to include additional information of make the following amendments:  TO AMOND OWNER NAME Should be  ROSS PHIROZE KHAN WONG J(AN HAO)  Policyholder / Driver's Signature  Pate:  Reporting Centre Personnel's Signature  Name: WE (AN E. C. T. D. M.)		
Policyholder / Driver's Signature  Policyholder / Driver's Signature  Pate:  Name: WEI Days Control of the above mentioned accident and would like to include additional information of make the following amendments:  TO AMOND DWNON NAME Should be Reporting Centre Personnel's Signature Name: WEI DAYS Control of the make the following amendments:	Insurance Company	:
Policyholder / Driver's Signature  Policyholder / Driver's Signature  Pate:  Name: WEI Days Control of the above mentioned accident and would like to include additional information of make the following amendments:  TO AMOND DWNON NAME Should be Reporting Centre Personnel's Signature Name: WEI DAYS Control of the make the following amendments:	ADDITIONALINFOR	MATION / AMENDMENTS:
Policyholder / Driver's Signature  Pate:  Reporting Centre Personnel's Signature  Name: MELANIE CETTAL	make the following a	amendments:
Policyholder / Driver's Signature  Reporting Centre Personnel's Signature  Name: Market Control of the Control		
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Date: Name: NE (AN) = C-T-AL		**
Date: Name: NE (AN) = C-T-AL	Policyholder / Drive	er's Signature Reporting Centre Personnel's Signature
NRIC/FIN No.: C	Date:	Name: MELANIE SETIAW NRIC/FINNO.: SXXXXX307 I

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