# **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 11/12/2020 17:07 (SGT) Date of Accident 11/12/2020 09:20 (SGT) Exact Location of Accident 124 Mandai Road, Singapore 779389 Additional Location Information SHOULD BE MANDAI LAKE ROAD NEAR THE ZOO Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number SJS9889A

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner GOH SOK PIN LYNN NRIC No. S7734626J Email Address LYNNG77@GMAIL.COM Mobile Phone No (Phone) +65-97638357 Alternative Phone No +65-96945501

## VEHICLE PARTICULARS

Manufacturer

Model X1 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

## INSURANCE COMPANY

Name of Insurance Company Sompo Type of Coverage Comprehensive Fleet Policy Policy Number D20MTPV01015198 Cover Note Number

## DRIVER

Name of Driver ANG CHUAN HAI NRIC No S7837440C Date Of Birth 03/12/1978 Occupation Outdoor

Date Of Driving Pass 10/11/2000 Driving experience 20 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96945501 Alt. Phone Number Email Address CHUANHAI007@YAHOO.COM Address 9 LEEDON HEIGHTS #32-26 Address complement Postcode 267954 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SJH9889H Insurance Company of Other Vehicle Owned by Driver Sompo GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane 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? No 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 PASSENGER 1 Name LYNN GOH SOK PIN Gender Female PASSENGER 2 Name CHLOE ANG JIA NING Gender Female PASSENGER 3 TATI HARTATI Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No 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?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

Was there any audio recorded?

Vehicle Registration Number	SY234K
Vehicle Manufacturer	Toyota
Vehicle Model	Picnic
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	LAUREN ALYSSA RUEY LIEM
NRIC No	G0147804X
Contact Number	(Phone) +65-96197117
Address	31 BALMORAL PARK #05-33
Address complement	90160042
Postcode	259858
Insurance Company Name	AIG
Nature Of Damage	RIGHT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

# SKETCH PLAN

### IMPORTANT NOTICE

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- 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. 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)

Funderstand, 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:
  - 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

(a) for complying with requirements under any regulations, laws or court orders.

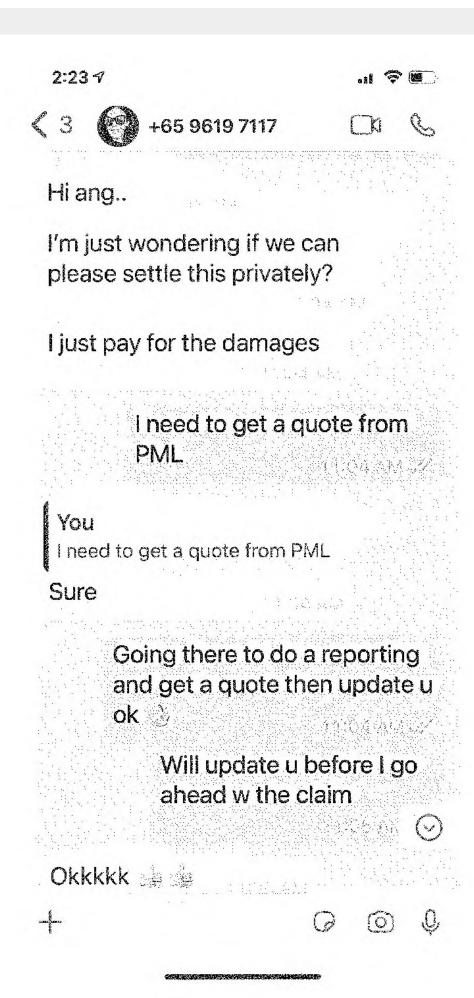
Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner Spinature
Name: Joseph Yague Penature
Name: MRIPANTORMAN AND ALEXANDRA ROAD
303 Alexandra Road

Sime Darby Performance Centre Singapore 159941

SKETCH PLAN				V
DESCRIBE CIRCUMSTANCES OF TH	J139			
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DECLARATION  I/We declare the foregoing particulars	are true in every respect.	ز	Lan	<u></u>
Policynolder's Signature Date & Time:	Driver's Signature (If driver is not the policyhold Date & Time:		C/FIN303 Alexa	Asquel Molors Limited Inora Road formance Centre re 159941

2:23 4 +65 9619 7117 Will let them know You Can I have your full name so I can do my reporting later The insurance is under my mother in law name.. Kathleen Liem. Let me double check I come back to you It's AIG, under Kathleen C.Liem Thanks 🚕 🔠 Hi ang.. I'm just wondering if we can please settle this privately?



Date: 11/12/2020

To PML / SOMPO insurance / whom it may concern

Dear Sir / Mdm

I wish to authorize Mr Ang Chuan Hai of NRIC S7837440C to be in charge of my vehicle SJS9889A claims against Vehicle Number SY234K

My Vehicle was involved in an accident with the above mentioned vehicle near Singapore Zoo car park entrance on 11th Dec 2020 around 925AM. Mr Ang Chuan Hai was the driver of my car (SJS9889A) at the point of time

Please feel free to contact me if you need and clarifications Thank you

Regards

Goh Sok Pin Lynn

S7734626J

Mobile: 97638357









