

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 23/12/2020

Time : 2.10 PM

By Fax : BY EMAIL

TO : SOMPO INSURANCE SINGAPORE PTE LTD

Accident involving Your insured vehicle No. YP1564C with
My vehicle No. GR 687R on 21/12/2020 along ANG MOKIO AVENUE 5.

1. I, the owner of Vehicle No. GR 687R intend to make a 3rd party claim against your insured.
2. My Vehicle is now at the workshop **Guan Motor Works** Tel : 6453 6111 and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Signature

Name :

NRIC :



JANICE POH

CK TEO & CO

Advocates & Solicitors

101A Upper Cross Street #08-17

People's Park Centre Singapore 058358

Tel : 6535 4788 Fax : 6535 4245

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 21 Dec 2020 / 17:28:00)

Vehicle Insurance Details

Vehicle No.:

YP1564C

Make Description/Model:

HINO / HINO FD7JPM-A-HAS

Insurance Company Name:

SOMPO INSURANCE SINGAPORE PTE. LTD.

Business Transaction Reference No.:

20201222104701070071

Please retain the business transaction reference number for Enquire Vehicle
Owner Details (if required).

Save as PDF

Print

OK →

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 Submission 22/12/2020 11:45 (SGT)
 Date of Accident 21/12/2020 17:28 (SGT)
 Exact Location of Accident Ang Mo Kio Ave 5; Singapore
 Additional Location Information TOWARDS CITY (NOVENA)
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GR687R

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner NEW PLUMBING SERVICES PTE. LTD.
 Company Reg No 2XXXX003D
 Email Address NPSPL7797@GMAIL.COM
 Mobile Phone No (Phone) +65-64547797
 Alternative Phone No (Office) +65-64547797

VEHICLE PARTICULARS

Manufacturer Nissan
 Model Nv350
 Variant -
 Exact purpose for which vehicle was being used at time of accident Employment
 Are you claiming under your own Insurance policy for repair to your vehicle? No - Claiming third party
 Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number SD20V03029 /NCV /R00
 Cover Note Number -

DRIVER

Name of Driver ANKUSAMY BALUSAMY
 Passport No/FIN GXXXX351P
 Date Of Birth 15/03/1988
 Occupation Outdoor

Date Of Driving Pass 21/08/2017
 Driving experience 3 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-90454760
 Alt. Phone Number -
 Email Address NPSPL7797@GMAIL.COM
 Address 7030 ANG MO KIO AVENUE 5 #05-07 NORTHSTAR @ AMK
 Address complement -
 Postcode 569880
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 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 Collision - Head to Rear
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name RASU MARIMUTHU
 Gender Male

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 ATTACHED; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

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 YP1564C
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver KOLANJI PRAKASH
 Passport No/FIN 0XXXX7277

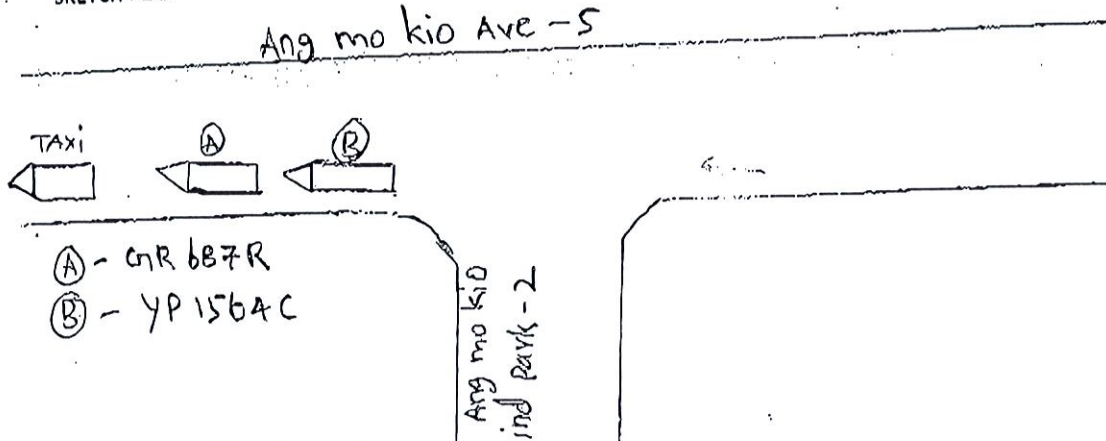
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

(Phone) +65-81306725

-
-
-
-
REFER TO ATTACHED
REFER TO ATTACHED
-

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

21/12/2020 5:28 PM I go Ang mo kio Ave - 5
to novena square my van ① GR 687R my front
Taxi stop my van ① GR 687R all so slow down
my van behind Lorr ② YP 1564C hit to my van
GR 687R behind damage

DECLARATION

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



Policyholder's Signature
Date & Time

A. Balaamey

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

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

SKETCH PLANIMPORTANT NOTICE

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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. 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.
7. 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:
 - (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:

A. Raulamy.

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

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