FREESION AUTODRIVE

25 KAKI BUKIT ROAD 4 SYNERGY @KB #03-33 SINGAPORE 417800
TEL: 6702 3533 FAX: 6702 3577
Email: freesionautodrive@gmail.com

Date: **04/01/2021**

To **Sompo Insurance Singapore Pte Ltd**
Motor Claims Department
50 Raffles Place #05-01/06
Singapore Land Tower
Singapore 048623

Tel: 6461 6555
Fax: 6221 3147
Email: motorsurvey@sompo.com.sg

Dear Sir/Mdm,

NOTIFICATION OF ACCIDENT

Please be informed that an accident involving my/our vehicle no. **SLX1982R** and vehicle(s) no. **GBD9479Z** had taken place at / along **Lower Delta Road Traffic Junction** on date **02.01.2021** at time **19:05**.

Kindly let us know within 2 working days from the date of this notice if you wish to carry out or waive a pre-repair inspection.

If we do not hear from you within 2 working days, we shall proceed to repair the vehicle without further notice and our client shall claim for the additional loss of use arising from the giving of this notification to you.

Please contact our workshop at 6702 3533 before attending the inspection.

Yours sincerely,

FREESION AUTODRIVE

PRI

Date / Time	
Company Name	
Surveyor	
Contact No.	
Signature	

DISMANTLED PARTS

Date / Time	
Surveyor	

AFTER REPAIR

Date / Time	
Surveyor	

SS1Y2114000H / SME MOTOR PTE LTD
ENTRY DATE & TIME: 04/01/2021 16:43 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (04/01/2021 16:43 (SGT))

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.
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	04/01/2021 16:43 (SGT)
Date of Accident	02/01/2021 19:05 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	ALONG LOWER DELTA RD TRAFFIC JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1982R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACRONIS INTERNATIONAL PTE LTD
Company Reg No	2XXXXX342G
Email Address	anthony.yeo@acronis.com
Mobile Phone No	(Phone) +65-90238321
Alternative Phone No	+65-90238321

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	ERGO
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG19001333
Cover Note Number	-

DRIVER

Name of Driver	YEO CHENG LOCK ANTHONY
NRIC No	SXXXX854Z
Date Of Birth	06/03/1966
Occupation	Outdoor

Date Of Driving Pass	01/10/1984
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90238321
Alt. Phone Number	-
Email Address	anthony.yeo@acronis.com
Address	BLK 13 GHIM MOH ROAD #05-39
Address complement	-
Postcode	270013
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	Raining
Road Surface	Wet

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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 02/01/2021, I WAS TRAVELLING ALONG LOWER DELTA ROAD (3RD LANE FROM THE RIGHT). I SLOWED DOWN AND CAME TO A COMPLETE HALT AS THE TRAFFIC LIGHT CHANGES TO RED. SUDDENLY, I FELT A HARD HIT FROM MY REAR AND REALISED THAT VEHICLE B HAS COLLIDED ONTO MY REAR. DRIVER OF VEHICLE B , MR GWEE APOLOGISED FOR THE MISTAKE AND ASKED ME TO GO FOR ACCIDENT CLAIM. AS A RESULT, MY CAR SUSTAINED DAMAGES ON THE REAR AND LEFT PORTION. I WISH TO STATE THAT WHEN I WENT TO FRONT DRIVER SEAT TO TAKE A PICTURE OF MR GWEE DRIVING LICENSE. I HEARD THAT HE WAS FORCING THE LEFT DAMAGED FENDER INTO THE ORIGINAL POSITION. I TOLD HIM THAT HE IS NOT SUPPOSED TO DO THAT BUT HE STILL CONTINUE TO DO SO. HE IS NOT SUPPOSED TO MEDDLE WITH THE DAMAGES CAUSED.

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	GBD9479Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	GWEE SONG HOW
NRIC No	-1
Contact Number	(Phone) +65-98453838
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT 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 be 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.
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 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.

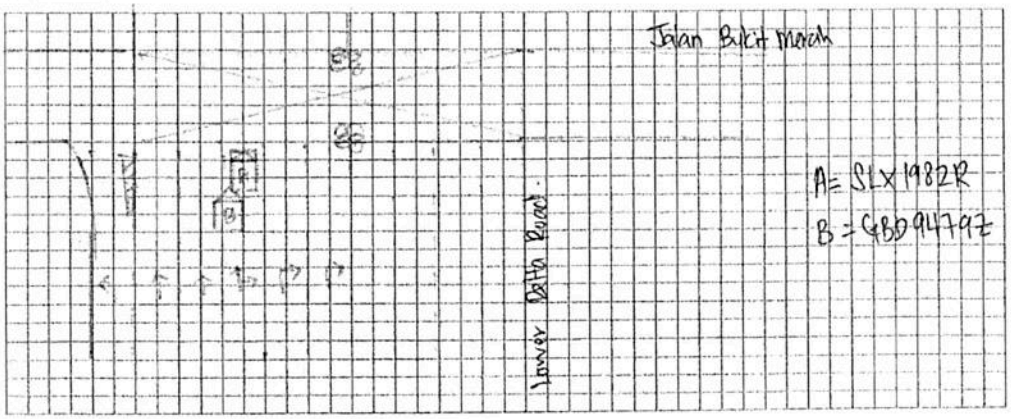
Acronis International Pte Ltd
8 Temasek Boulevard
#30-01/02 Suntec Tower 3
Singapore 038988
Tel: +65 6222 0700 Fax: +65 6496 9219

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 Jan 2021, I was travelling along Lower Delta Road (3rd lane from the right). I slowed down and came to a completely halt as the traffic light change to red.

Suddenly, I felt a hard hit from my rear and realised that vehicle B has collided on my rear. Driver of vehicle B, Mr Gwee apologies for the mistake and asked me to go for accident claim.

As a result, my car sustained damages on the rear and left portion. I wish to state that when I went to front driver seat to take a picture of Mr Gwee driving license I heard that he was forcing the left fender damaged into the original position. I told him that he is not supposed to do that but he still continue to do so He is not supposed to meddle with the damages caused.

DECLARATION

We declare the foregoing particulars are true in every respect.

Cronis International Pte Ltd
Temasek Boulevard
30-01/02 Suntec Tower 3
ingapore 038988
el: +65 6222 0700 Fax: +65 6496 9219

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.: