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 18/01/2021 17:01 (SGT) Date of Accident 18/01/2021 14:08 (SGT) Exact Location of Accident Singapore Additional Location Information CTE - SLE (BEFORE AMK AVE 3 EXIT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SLE4871H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **LIM JIANMING** NRIC No SXXXX181Z Email Address JIMMYLJM@HOTMAIL.COM Mobile Phone No (Phone) +65-9846553 Alternative Phone No (Office) +65-98465503

VEHICLE PARTICULARS

Manufacturer

Model Vezel Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D20MTPV01010050 Cover Note Number

DRIVER

Name of Driver **LIM JIANMING** NRIC No SXXXX181Z

Date Of Birth 29/06/1983 Occupation Indoor Date Of Driving Pass 26/09/2008 Driving experience 12 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-9846553 Alt. Phone Number (Office) +65-98465503 Email Address JIMMYLJM@HOTMAIL.COM Address BLK 272D PUNGGOL WALK #16-597 Address complement Postcode 824272 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name POH MEI SHAN 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 ATTACHED REPORT 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 SLK3225Z Vehicle Manufacturer

Private car

Accident report SK0L211I000G

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

Name of Driver	-
Contact Number	(Phone) +65-92955725
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	LIM JIAMING -
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SLE4871H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
NAMES OF THE PARTY	

INJURED 2

Name of injured person Address	POH MEI SHAN
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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, acknow ledge, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policy holder's Signature / Date & Driver's Signature (Adrive) is not the policy holder) / Date Time S:30 hr & Time S:30 hr

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE (SLE) A; SLE 4871H

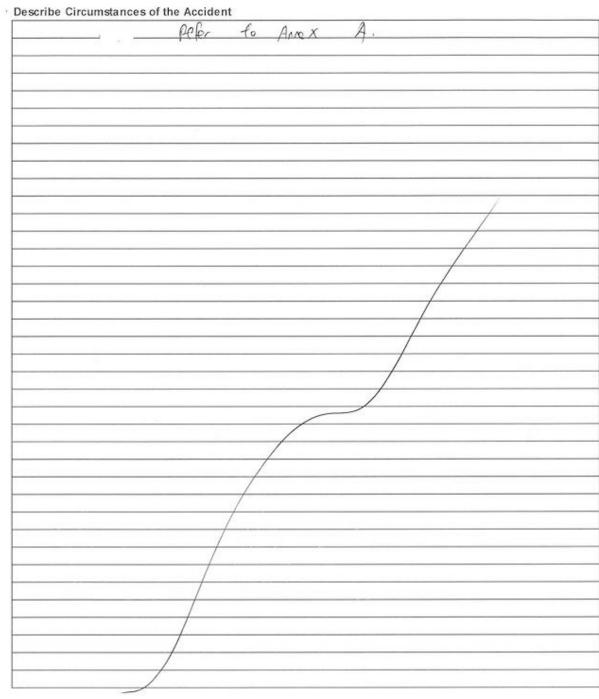
As Mo

WID ASE 3

CMIH

B: SLK 3225 Z

BB: SLK 3225 Z



Declaration

We declare the foregoing particulars are true in every respect.



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



Witnessed by Reporting Centre Personnel

Annex A

On 18/01/2021 at about 1408hrs, I was driving my vehicle (A: SLE4871H) on the extreme right lane along CTE (SLE) before Ang Mo Kio Avenue 3 exit. A vehicle in front of me slowed down and I followed suit. Suddenly, an impact from my vehicle behind and realised that a vehicle (B: SLK3225Z) had hit onto rear portion of my vehicle. After accident, my passenger and me felt unwell.

