

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	08/02/2021 10:18 (SGT)
Date of Accident	06/02/2021 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LEBAR FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3200Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIMON LIM ENG SOON(SIMON LIN YINGSHUN)
NRIC No	SXXXX832H
Email Address	LIMSIMON.ES@GMAIL.COM
Mobile Phone No	(Phone) +65-97839041
Alternative Phone No	(Home) +65-97839041

VEHICLE PARTICULARS

Manufacturer	BMW
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

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01009295
Cover Note Number	-

DRIVER

Name of Driver	SIMON LIM ENG SOON(SIMON LIN YINGSHUN)
NRIC No	SXXXX832H
Date Of Birth	28/08/1983
Occupation	Indoor

Date Of Driving Pass	17/01/2008
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97839041
Alt. Phone Number	(Home) +65-97839041
Email Address	LIMSIMON.ES@GMAIL.COM
Address	15 BEDOK RESERVOIR VIEW #11-04
Address complement	-
Postcode	478933
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SOH YUE ENMARY-ANN
Gender	Female

PASSENGER 2

Name	ELIORA KATE UM
Gender	Female

PASSENGER 3

Name	ASHER CALEB UM
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 ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS9289H
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	SXXXX168B
Contact Number	(Phone) +65-96905272
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



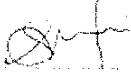
SKETCH PLAN

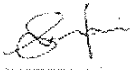
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7. By the fragment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available thereafter.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

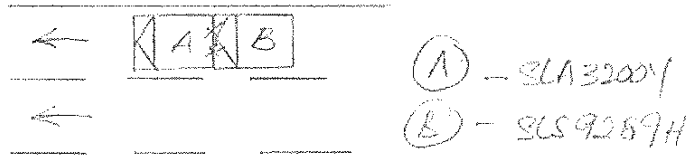
- (a) my insurer, my workshop and the General Insurance Association of Singapore ("GfA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to keep about delivery of the same, as well as the external cover of envelopes/mail packaged); 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 GfA 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 (a) 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) in complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: 08/02/2021
 09:55 AM


 Insurer's Signature
 If driver is not the policyholder:
 Date & Time: 08/02/2021
 09:53 AM


 Insurer's Representative Signature
 Name: _____
 NRIC/ID No: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON THE FIRST LANE ON THE RIGHT ~~OF~~ OVER
 PATA LEBAN FLYOVER. THE ~~AT~~ DRIVER IN FRONT OF ME
 MADE A SUDDEN BRAKE, AND I BINKED IN TIME. HOWEVER
 THE CAR BEHIND ~~BE~~ ME HIT MY BACK OF THE CAR AND WE FELT
 THE IMPACT FROM IT.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <u>Fourteen (14) days clause</u> whereby the claim must be made within the stipulated time frame from the day of occurrence.</p>	<p>Reporting Only</p> <p><input type="checkbox"/> CLAIM OD</p> <p><input checked="" type="checkbox"/> CLAIM TP</p> <p><input type="checkbox"/> CLAIM OD/TP at other road shops</p>

DECLARATION

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

<p></p> <p>Policyholder's Signature Name & Title</p>	<p></p> <p>Driver's Signature (If driver is not the policyholder) Name & Title</p>	<p></p> <p>Reporting Officer's Signature Name NRIC No. 15</p>
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