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 12/03/2021 12:00 (SGT) Date of Accident 11/03/2021 19:45 (SGT) Exact Location of Accident Ang Mo Kio, Singapore Additional Location Information ANG MO KIO AVE 5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SJJ6037J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN SWEE HOON NRIC No S6912005I Email Address teresatannet@gmail.com Mobile Phone No (Phone) +65-91373716 Alternative Phone No +65-91373716

VEHICLE PARTICULARS

Model Fit 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? Yes Vehicle Category Private car

Manufacturer

INSURANCE COMPANY

Name of Insurance Company Sompo Type of Coverage Comprehensive Fleet Policy Policy Number D20MTPV01012563 Cover Note Number D20MTPV01012563

DRIVER

Name of Driver TAN SWEE HOON NRIC No S6912005I Date Of Birth 07/03/1969 Occupation Indoor

Date Of Driving Pass	17/01/1997				
Driving experience	24 YEARS AND 2 MONTHS				
Gender	Female				
Mobile Number	(Phone) +65-91373716				
Alt. Phone Number	+65-91373716				
Email Address	teresatannet@gmail.com				
Address	APT BLK 125 SERANGOON NORTH AVE 1				
Address complement	#12-115 550125				
Postcode					
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 Hood to Door				
Weather Conditions	Collision - Head to Rear				
Road Surface	Clear				
Nodu Sullace	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)	3				
Has the driver been approached by unknown person(s)					
soliciting/offering accident claims assistance?	No				
PASSENGER 1					
AGGENGEN					
Name	LIM PIAH KIM				
Gender	Female				
PASSENGER 2					
PASSENGER 2					
Name	TEO KAI XUAN ZERLINE				
Gender	Female				
DETAILS OF POLICE ACTION					
DETAILS OF TOLIGE ACTION					
Was the accident reported to the police?	No				
Was notice of intended Prosecution given?	No				
If yes, against whom?	-				
CIRCUMSTANCES OF ACCIDENT					
ON 11TH MARCH AT 10:45PM, WHICH ON THE 2ND LANE TH	E VAN SUDDENLY BRAKE , I COULDN'T AVIOD AND BANG ON IT				
ON THIT WATCHING TO SO WE, WINGIT ON THE ZIND EARLY, THE	- VAIN OODDEINET BITAINE, TOOGEDIN TANIOD AND BAING ON TE				
ATTA OLUMENTOS					
ATTACHMENT(S)					
Are accident photos available for attachment?	Yes				
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No				
Was there any video captured by Car Camera?	No				
Was there any video captured by Car Camera? Was there any audio recorded?	No No				
Was there any video captured by Car Camera? Was there any audio recorded?	No				
Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHER	No No VEHICLE PROPERTY 1				
Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHER Vehicle Registration Number	No No VEHICLE PROPERTY 1				
Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHER	No No VEHICLE PROPERTY 1				

Vehicle Variant

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

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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)

Lunderstand, 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 purposels) of:
 - 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

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

Policyholder's Signature

Orner's Signature (if driver is not the policyhoider)

Date & Time.

Reporting Centre Personnel's Signature

Name NRIC/FIN No.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. CLARATION dedicare the foregoing particulars are true in every respect.		and mo	tio AUE	5		
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 11th march at 19.45 pm, which on the 2nd lane, the van cuiddrally bralls, I countdn't avoid it and band on it. Cliddrally bralls, I countdn't avoid it and band on it. Remarks: Please forward a copy of my office accident point to: My workshop: St. Brothess more accident point to: My workshop: St. Brot					A SJ:	60375
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