

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 ability.
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 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 Report	19/10/2015 18:09
Date Of Accident	19/10/2015 16:20
Exact Location Of Accident	AYE TOWARDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA3175Z
Insured/Policyholder	
Name Of Registered Owner	LEOW HOCK MENG
NRIC No	S6842366Z
Email Address	YFPTOOL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98283794
Alternative Phone No	OTHERS-98283794

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	TENET SOMPO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D15MTPV01001577
Cover Note Number	

Driver

Name of Driver	LEOW HOCK MENG
NRIC No	S6842366Z
Date Of Birth	28/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1990
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98283794
Fax Number	
Contact Number	OTHERS-98283794
Email Address	YFPTOOL@GMAIL.COM

Address	BLK 93 YISHUN AVE 1 #10-19
Postcode	769136
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	UNKNOWN - REFER TO SKETCH PLAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Are accident photos available for attachment?	YES
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK3312D
Vehicle Make/Model/Colour	BME 520
Details Of Properties	
Name of Driver	CHEW WEI
NRIC/Passport Number	S7060184B
Contact Number	96455535
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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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' 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.

 19/10/15
17.50

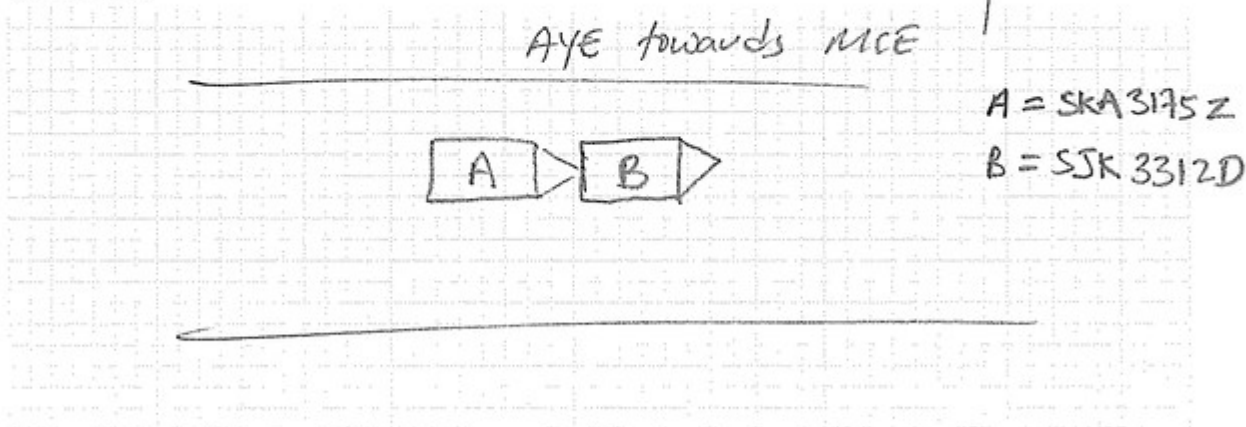
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along Aye toward MCE when suddenly vehicle B make a sudden brake. I could not stop in time and hit vehicle B behind.

Declaration

We declare the foregoing particulars are true in every respect.

19/10/15
17.00

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre Personnel	
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REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6842366Z



Name

LEOW HOCK MENG

廖福民

Race

CHINESE

Date of Birth

28-10-1968

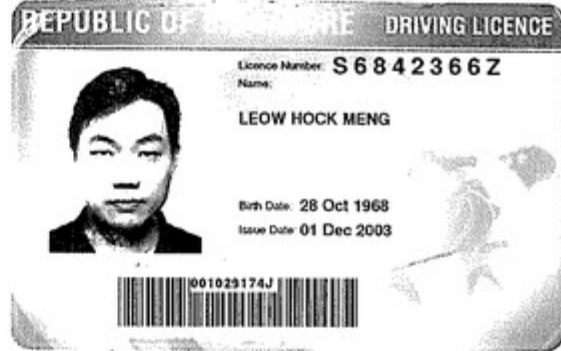
Sex

M

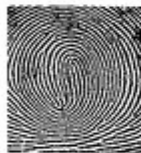
Country of Birth

SINGAPORE

S6842366Z



2109842



NRIC No

S6842366Z

Blood Group

A+

Date of issue

08-06-1994

93 YISHUN AVENUE 1 #10-19
SINGAPORE 769136

S6842366Z

24/09/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

06 Dec 1990

NP 428A





Tenet Sampo Insurance Pte. Ltd.

50 Raffles Place, #05-01/06, Singapore Land Tower, Singapore 048623. Tel: 6221 2211 • Fax: 6221 3302
Website: www.tenetsampo.com.sg • Co. Reg. No.: 198905490E • GST Reg. No.: M200903196

MOTOR COVER NOTE

Cover Note No.	: D15MTPV01001577
Issue Date & Time	: 21 JANUARY 2015 14:07

Name of Insured: LEOW HOCK MENG

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for the period stated below. This is a temporary Cover Note and shall be valid for a period of FOURTEEN (14) days from date of issue. This Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Make & Model of Vehicle	Cubic Capacity	Used only for the following purposes
MERCEDES BENZ E250 CGI	1796	For Private Use
Engine Number - 27186030145577	Chassis Number - WDD2120472A333933	
Regn Number - SKA3175Z	Estimated Value - Market value at time of loss	Excess - S\$ 600.00 - Section I
Period of Insurance - 16 FEBRUARY 2015 TO 15 FEBRUARY 2016		
Hire Purchase - OCBC BANK		

We hereby certify that this Cover Note is issued in accordance with the provisions of
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Important Notice:

Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.

Intermediary Code : 11T10205

TENET SOMPO INSURANCE PTE. LTD.

JH10M0ARKKMM6MJ

Authorised Signatory

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

