

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	22/03/2021 18:11 (SGT)
Date of Accident	20/03/2021 22:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DECATHLON KALLANG OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ7646C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HARITH SHAZWAN BIN HAZRIN
NRIC No	S9821053I
Email Address	hilmanshah69@gmail.com
Mobile Phone No	(Phone) +65-91170207
Alternative Phone No	+65-91170207

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	AEROX GDR155R CVT
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	Motorcycle
Transmission	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D20MTMC01008375
Cover Note Number	10/12/20-9/12/21

DRIVER

Name of Driver	HILMAN SHAH BIN HAZRIN
NRIC No	T0136394D

Date Of Birth	20/11/2001
Occupation	Indoor
Date Of Driving Pass	17/03/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-97737709
Alt. Phone Number	-
Email Address	hilmanshah69@gmail.com
Address	1 ROSEWOOD DR #04-03
Address complement	-
Postcode	737934
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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)	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

REFER SKETCH ATTACHED

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	SMG811K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KENN LAI TAI KANG
NRIC No	S9239800E
Contact Number	(Phone) +65-98421482
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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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.

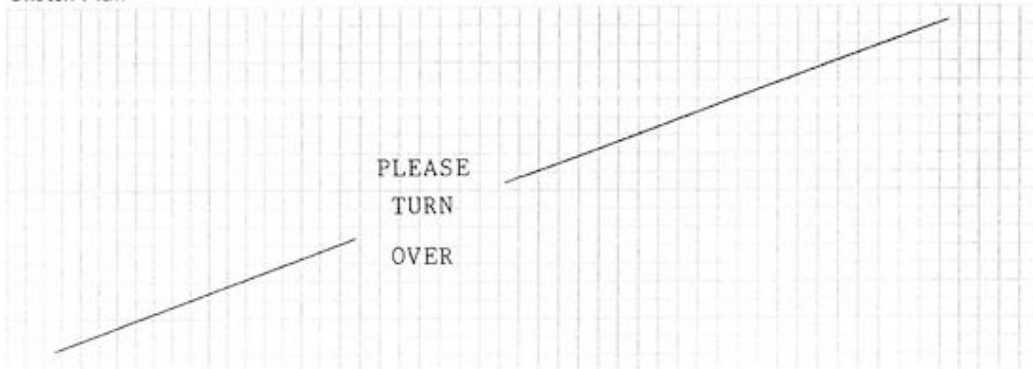
1. VEHICLE NO.: F80 7646C
2. INSURER CO.: SUMPO
3. ACCIDENT
DATE & TIME: 20/3/21 10:04 P.M

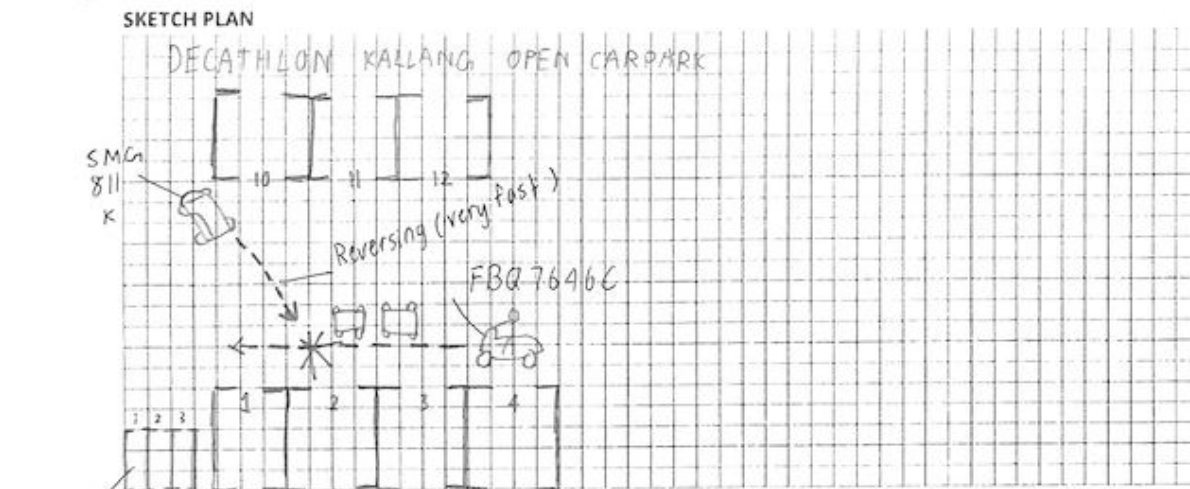
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





motorcycle
lot

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Hilman Shah B Hazrin, rider of vehicle FBQ 7646 C was going straight towards motorcycle lot at Decathlon Kallang Open Carpark, when driver of vehicle SMG 811 K reversed quickly without checking if it ^{was} clear to move and hit me when I was moving straight. Hit me on the right side. No injuries. There was an evidence letter to state that the driver was reversing and hit me. Letter sign by both parties.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Efech*
NRIC/FIN No.:

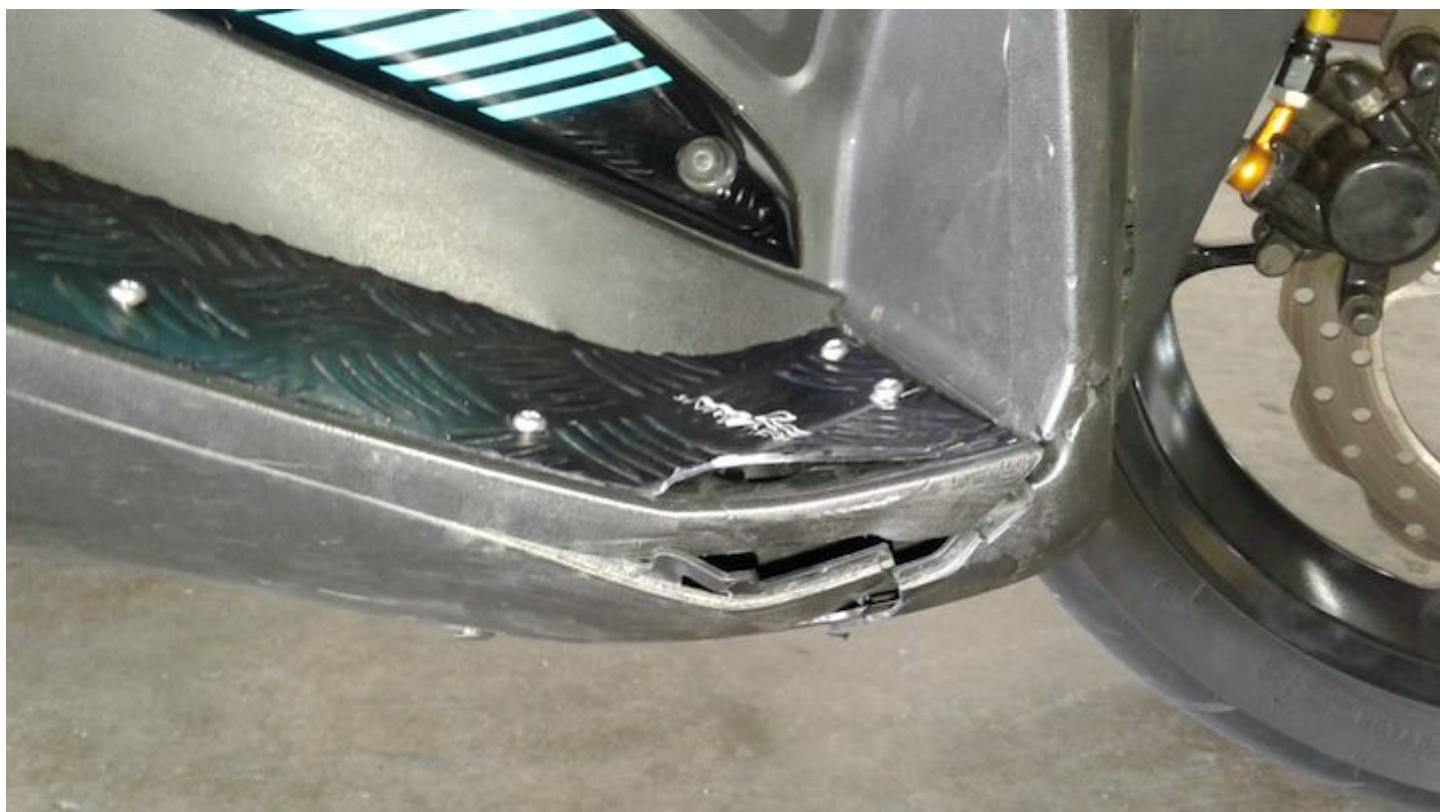
() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

22/03/21

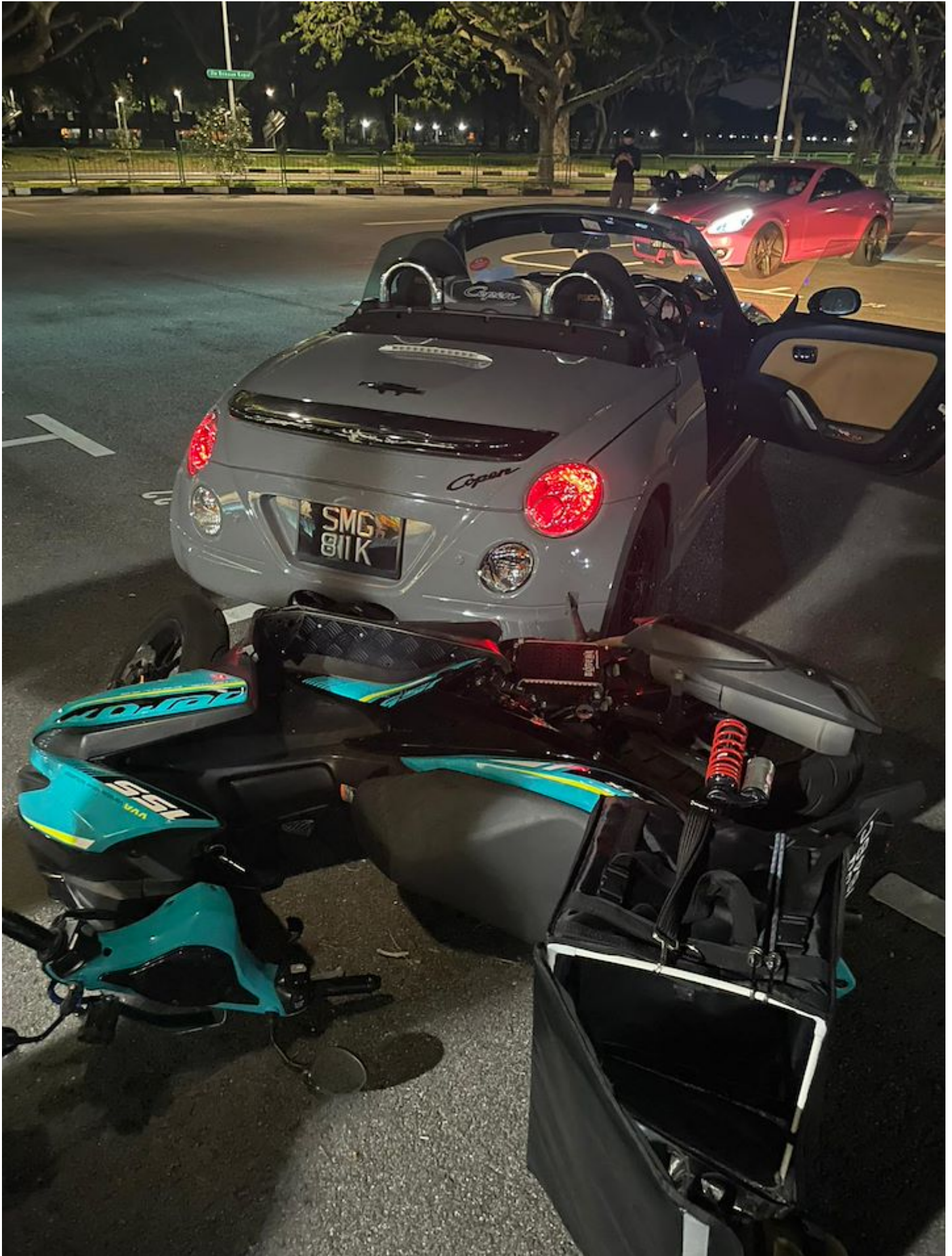
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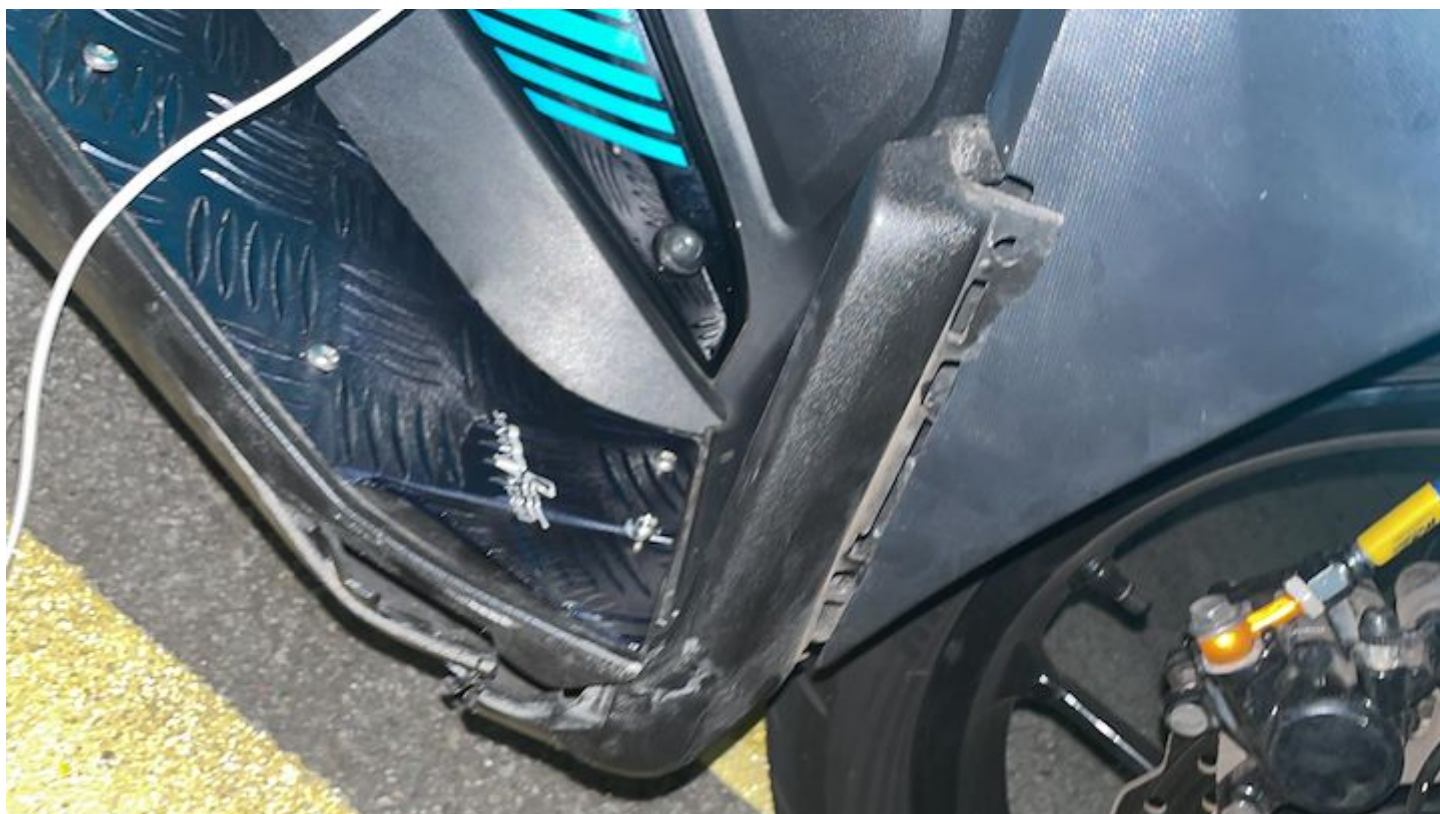


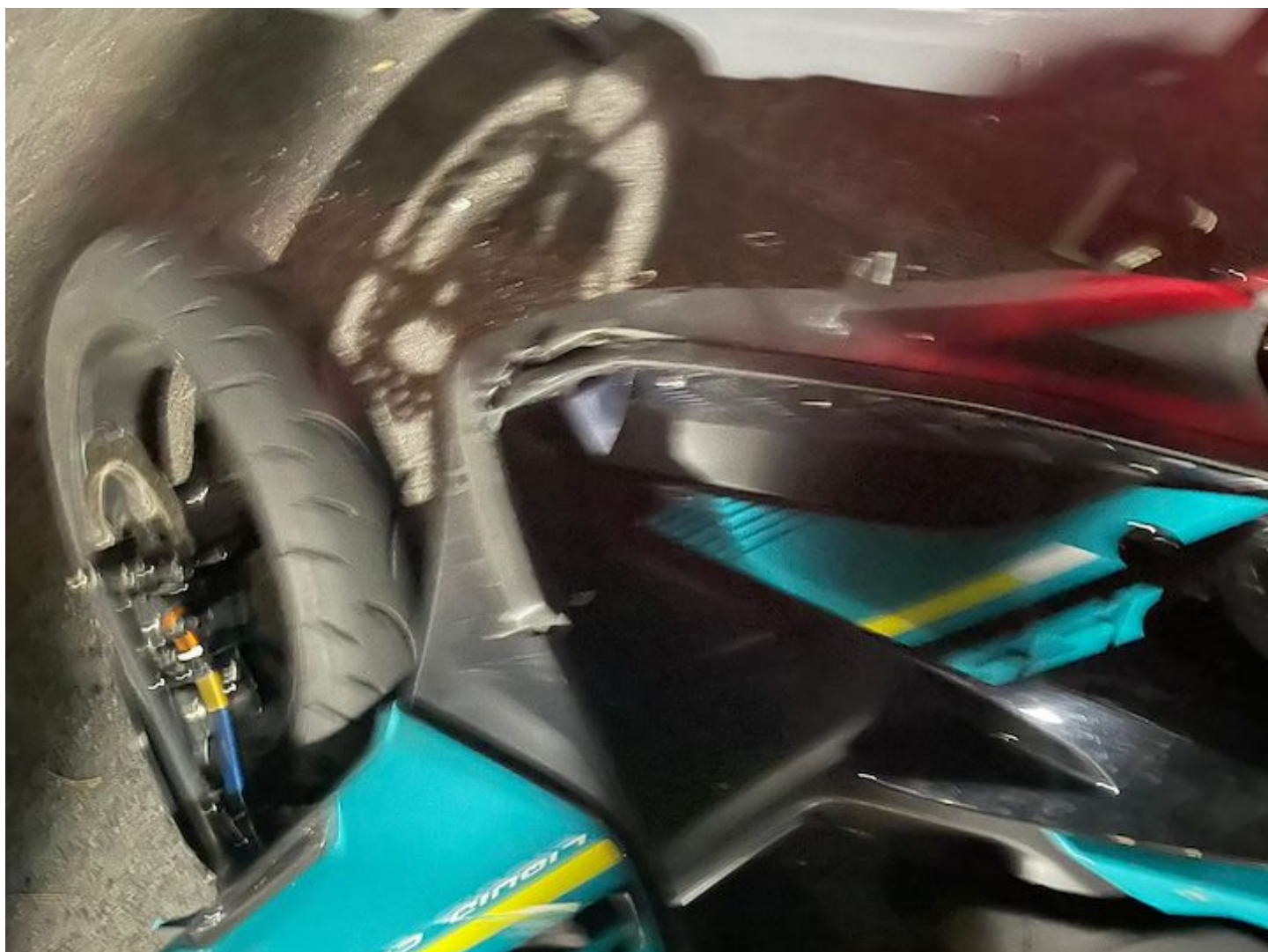






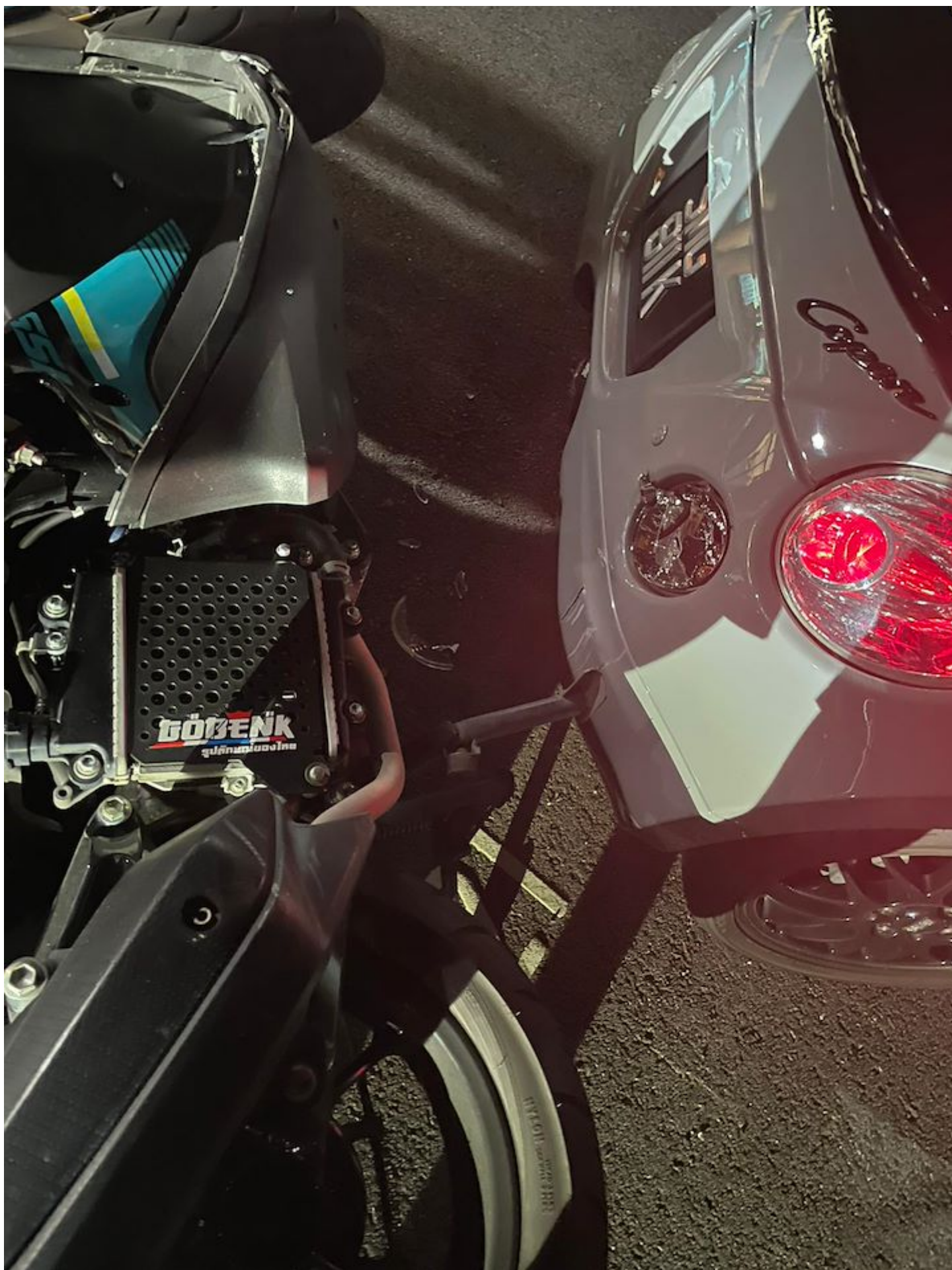












26/3/2021

10:04pm

This to acknowledge that there has been an accident involving:

Hilman Shah Bin Hazrin FBQ 7646C
and Kenn Lai Tai Kong SMG 811K

at the carpark of Delethorn Kallang on the above date and time whereby the said car reversed and hit the oncoming vehicle (motorbike) on the left side.

Both agreed to settle via insurance.

No medical claim for now & later & no injury report.

THE END

Kenn Lai Tai Kong

Hilman Shah Bin Hazrin

AZONE