ⓖ SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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. <u>Any false reporting may be referred to the Police for investigation.</u>
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	29/03/2021 16:33 (SGT)
Date of Accident	28/03/2021 16:45 (SGT)
Exact Location of Accident	201 Petir Rd, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6204X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KIONG KHENG SOON KENNETH
NRIC No	SXXXX952F
Email Address	khengsoonkiong@gmail.com
Mobile Phone No	(Phone) +65-96720331
Alternative Phone No	+65-96720331

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01010308
Cover Note Number	-

DRIVER

Name of Driver	KIONG KHENG SOON KENNETH
NRIC No	SXXXX952F

Date Of Birth	31/01/1960
Occupation	Indoor
Date Of Driving Pass	04/08/1999
Driving experience	21 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96720331
Alt. Phone Number	+65-96720331
Email Address	khengsoonkiong@gmail.com
Address	BLK 203 PETIR ROAD #07-661
Address complement	-
Postcode	670203
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	LEE LENG CHOO
Gender	Female

PASSENGER 2

Name	ANG SOH WAH
Gender	Female

PASSENGER 3

Name	NA NA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210329/7016.

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   GQ8913R
Vehicle Manufacturer   -
Vehicle Model   -
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   VEHICLE B
No. Of Passenger (Including Driver)   -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person   KIONG KHENG SOON KENNETH
Address   -
Address Complement   -
Post Code   -
Approximate Age Years Old   -
Injuries Sustained   -
Injured person in which vehicle?   SJS6204X
Were seat belts worn?   Yes
Was this injured conveyed to hospital by ambulance?   No

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' 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 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:

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

_____ _____ _____
Policyholder's Signature | Driver's Signature | Reporting Centre Personnel's Signature
Date & Time: | (If driver is not the policyholder) | Name:
| Date & Time: | NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____ mg2solution@gmail.com
via email / fax   Mw-Fx- 6423 1392
Signature _____
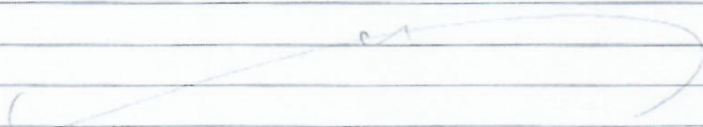
SKETCH PLAN   BIK 201 Petir Road
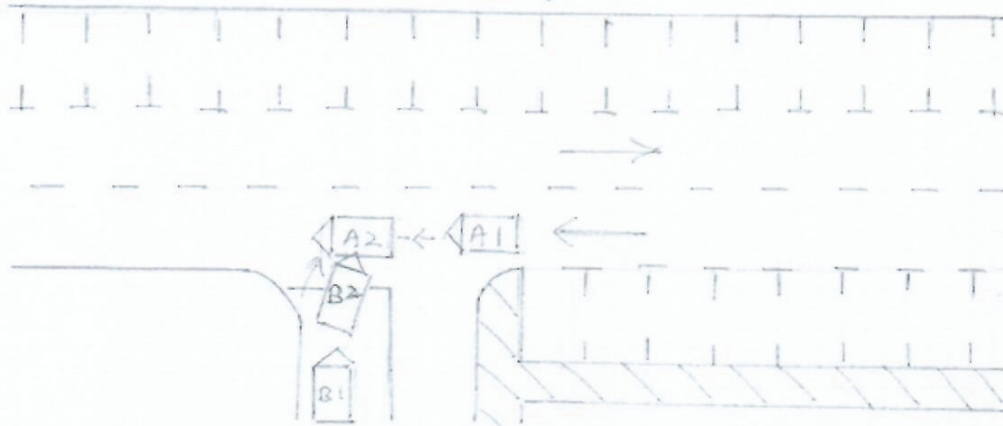
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SJS 6204 X
(R) GQ 8913 R

Refer to Police Report

Report No :—

T/20210329/7016

Note. Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check 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:
NRIC/FIN No.:

SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2021 13:11	Vide Report No.:	Station Diary No.:

Informant's Particulars

Name of Informant: KIONG KHENG SOON KENNETH	Address: 203 PETIR ROAD #07-661 SINGAPORE 670203
ID Type / ID No.: NRIC NO / S1406952F	Contact No.: Home/Office: Mobile: 96720331
Nationality: SINGAPORE CITIZEN	Email: KHENGSOONKIONG@GMAIL.COM

Sex: Male	Age: 61	Date of Birth: 31/01/1960	Type of Informant: Driver

Race: Chinese	Language: English	Institution / School Name:

Occupation: Sales and marketing manager	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2021 16:45	Type of Location: Car Park

Location:

BLOCK 201 PETIR ROAD

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GQ8913R	Lorry					0
SJS6204X	Car	KIA	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR	White		3

SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS6204X	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV01010308	26/08/2020	25/08/2021

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		

Driver

Name	KIONG KHENG SOON KENNETH		ID No.	S1406952F
Related Vehicle	SJS6204X (Car)		Contact No.	96720331
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/03/2021		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Serious

Brief Details.
On 28/03/2021 at about 1645hrs at Open carpark of block 201 Petir Road. I was travelling on the above mentioned driveway and suddenly a vehicle (B) exited out from the side road without stopping and without giving way to my vehicle hence collided onto my left front portion of my vehicle (A) causing damages to my vehicle. I have 3 passengers inside my vehicle. I have 5 days MC for my injury.

Vehicle A: SJS6204X
Vehicle B: GQ8913R

SINGAPORE POLICE FORCE

T/20210329/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210329/7016

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2021 13:11
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168