

SS1Y214K0004 / SME MOTOR PTE LTD  
ENTRY DATE & TIME: 20/04/2021 10:21 (SGT)  
SUBMITTED BY: Chia Pei Ying  
VERSION: 1 (20/04/2021 10:21 (SGT))

Your NCD will be affected due to late reporting

## 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	20/04/2021 10:21 (SGT)
Date of Accident	17/04/2021 17:10 (SGT)
Exact Location of Accident	208 Bedok Central, Singapore
Additional Location Information	208A BEDOK CENTRAL MSCP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6848B
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JANG HU LANG
NRIC No	SXXXX067B
Email Address	sebenacontractor@yahoo.com.sg
Mobile Phone No	(Phone) +65-96254336
Alternative Phone No	+65-96254336

#### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	2500

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01007724
Cover Note Number	-

#### DRIVER

Name of Driver	JANG HU LANG
NRIC No	SXXXX067B

Date Of Birth .....	08/02/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	14/04/2003
Driving experience .....	18 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96254336
Alt. Phone Number .....	+65-96254336
Email Address .....	sebenacontractor@yahoo.com.sg
Address .....	80 TANAH MERAH KECHIL AVENUE #02-06
Address complement .....	-
Postcode .....	465514
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 .....	Hit and run / Vandalism / Damaged whilst parked
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

ON 17/04/2021 AT ABOUT 4.20PM, I PARKED MY VEHICLE A (SJK6848B) AT ONE OF THE LOT ALONG 208A BEDOK CENTRAL MSCP. AT ABOUT 5.10PM, I WENT BACK TO RETRIEVE MY VEHICLE AND I SAW A NOTE ON MY CAR WINDSCREEN. THEN I CONTACTED THE NUMBER. THE DRIVER OF VEHICLE B (GBF7721B) TOLD ME THAT HE HAD ACCIDENTALLY HIT ONTO MY VEHICLE FRONT RIGHT SIDE WHEN HE WAS COMING OUT FROM THE PARKING LOT.

#### 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 .....	GBF7721B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-81393078

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

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 willful 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. The 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.
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.

 19/04/21  
 Policyholder's Signature / Date & Time

2.58 pm  
 19/04/21  
 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

vehicle A: 3JG6848B  
 B: GBF7721B



Please email the accident report to [aunterg@premiumcarz.com.sg](mailto:aunterg@premiumcarz.com.sg)

Describe Circumstances of the Accident

On 17/4/2021 At about 4:20pm, I parked my vehicle A (SJG6848B) at one of the lot along 208A Bedok Central MSCP. At about 5:10pm, I went back to retrieve my vehicle and I saw a note on my car windscreen. Then I contacted the number. The driver of vehicle B (GBF7721B) told me that he had accidentally hit onto my vehicle front right side when he was coming out from the parking lot.

Declaration

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

 19/04/21  
Policyholder's Signature / Date & Time

 19/04/21 2:58pm  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel