

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	21/07/2021 12:32 (SGT)
Date of Accident	21/07/2021 09:25 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE EXIT 3C , TOWARDS PASIR RIS DR 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8454A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDFISH ENTERPRISE PTE LTD
Company Reg No	2XXXXX766Z
Email Address	eddie@goldfishcharter.com
Mobile Phone No	(Phone) +65-81388965
Alternative Phone No	(Office) +65-98445593

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTSCBU000119
Cover Note Number	-

DRIVER

Name of Driver	LIM KIM MENG
NRIC No	SXXXX492J

Date Of Birth	03/12/1955
Occupation	Outdoor
Date Of Driving Pass	17/07/1975
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-81388965
Alt. Phone Number	-
Email Address	eddie@goldfishcharter.com
Address	BLK 487 PASIR RIS DRIVE 4 #10-507
Address complement	-
Postcode	510487
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 vehicle 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 PLAN AND STATEMENT

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	SLQ8344Z
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	MEN
Contact Number	(Phone) +65-92992911
Address	-
Address complement	-

Postcode	-
Insurance Company Name	Direct Asia Insurance (Singapore) Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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.

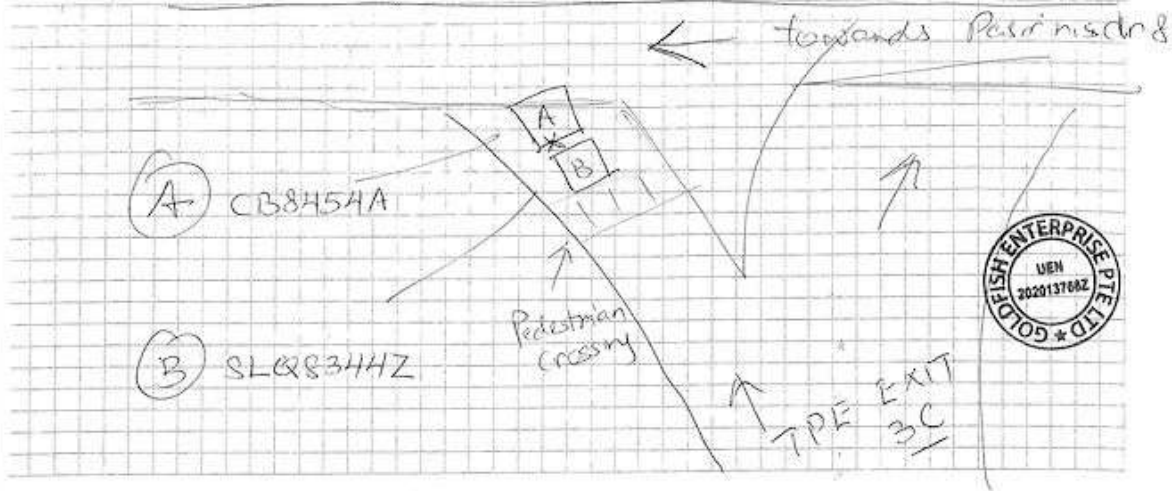


Policyholder's Signature
Date & Time:

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

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

ETCH PLAN

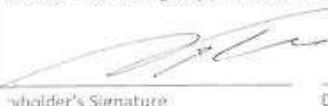


SCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 21st July 2021, at around 9:29am, I was driving my school bus CB8454A, exiting TPE expressway exit 3C, towards Pasir Ris dr 8. As I was approaching into the main road, I slowed down my bus to a stop as I wanted to check for vehicles coming from my right. All of a sudden, I hear and felt a loud bang onto the rear of my bus. I check my rear mirror and notice I was rear-ended by a car. I proceed to drive further ahead before stopping to check the damages and exchange particulars with the rear car, SLQ834HZ, Honda Sedan. The driver address as Mr Lim, provided his contact number 92992911, and his vehicle insurance under Budget Direct Insurance. There was no other vehicles involved apart from the above two.

DECLARATION

I declare the foregoing particulars are true in every respect.

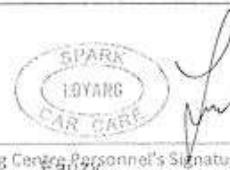


Policyholder's Signature
Date & Time: 21.7.2021
12pm



Driver's Signature
(If driver is not the policyholder)
Date & Time: 21.7.2021
12pm





Reporting Center Personnel's Signature:
Name: Fauzy
NRIC/FIN No.: