

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	15/09/2021 16:54 (SGT)
Date of Accident	14/09/2021 17:15 (SGT)
Exact Location of Accident	269A Yishun Street 22, Singapore 762269
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY9401C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KWH MARKETING PTE LTD
Company Reg No	1XXXXX636E
Email Address	wilsontan@udpl.com.sg
Mobile Phone No	(Phone) +65-97423815
Alternative Phone No	+65-97423815

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L300
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2477

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D20MTPCVE002511
Cover Note Number	-

DRIVER

Name of Driver	TAN BOON SIONG (CHEN WENXIANG)
NRIC No	SXXXX615A

Date Of Birth	14/05/1971
Occupation	Outdoor
Date Of Driving Pass	09/10/1991
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97423815
Alt. Phone Number	-
Email Address	wilsontan@udpl.com.sg
Address	BLK 837 HOUGANG CENTRAL #07-531
Address complement	-
Postcode	530837
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 - 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?	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

PLEASE REFER TO SKETCH PLAN

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	SLJ8123G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM CHOON HIAN DERRICK
NRIC No	SXXXX594F
Contact Number	(Phone) +65-86420112
Address	-

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

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' 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan BIK 269A

1/13/21 ST 22 (OPEN CARPARK) H1

A) GY 9401C

B) SLJ 8123G



Describe Circumstances of the Accident

I was at YISHUW BIK 269 A ST 22 CARPARK AND WANTED TO MAKE A 3 POINT TURN PARK IN LOT 45. AND WHEN I WAS MOVING SUDDENLY A CAR FROM THE LOT 41 DASH OUT & MY LEFT FRONT HIT HIS RIGHT SIDE & HIS BUMPER DROD. I SWAP MY VIEW & HE REVERSE HIS CAR & WE EXCHANGE PARTICULARS. NO ONE WAS INJURED.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Jan 15/9/21
Driver's Signature (if driver is not the policyholder) / Date & Time

Jan 15/9/2021
Witnessed by Reporting Centre Personnel

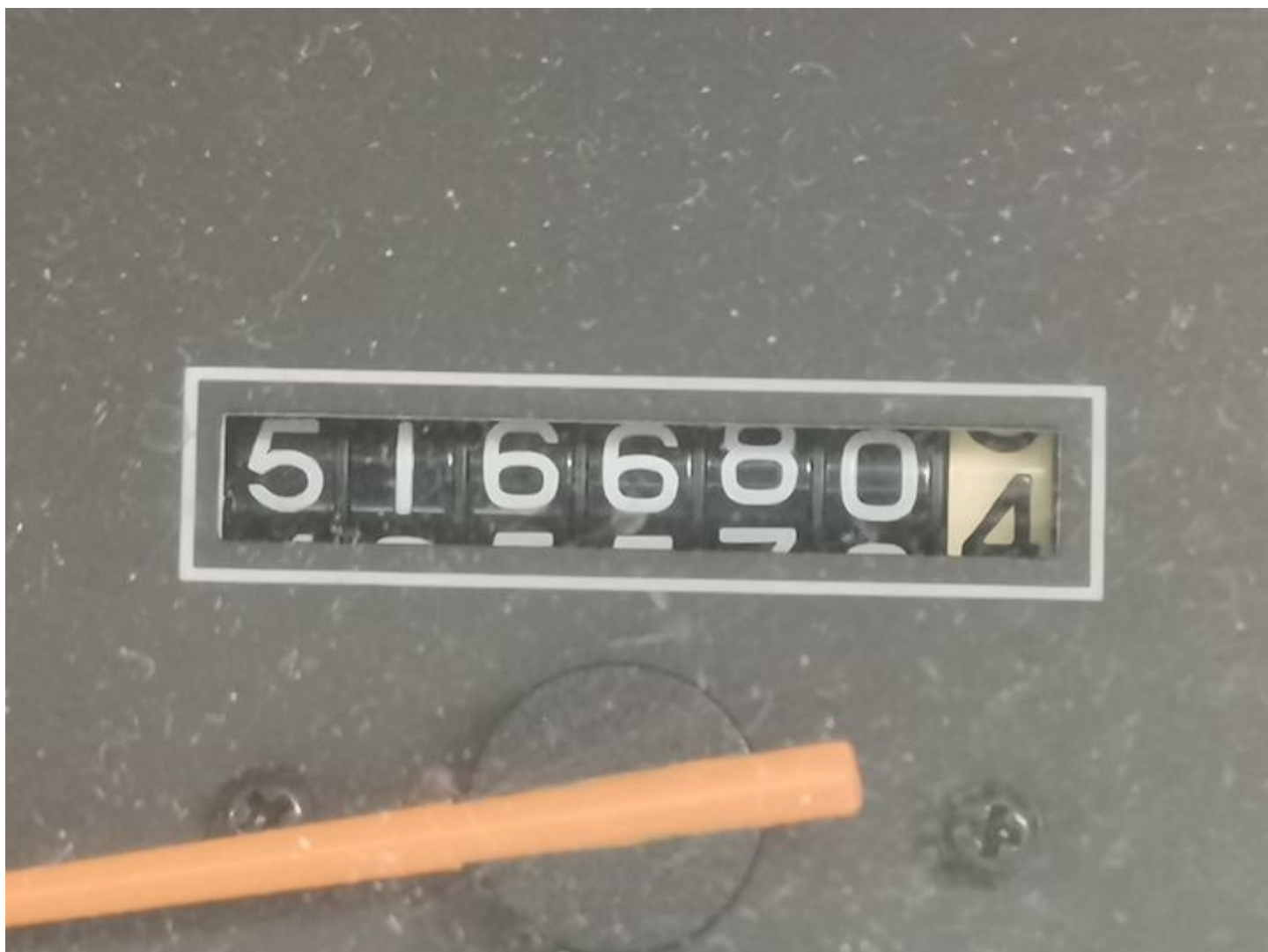




























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09219F0002 Vehicle Registration No: G49401C
 Name (as shown in NRIC): Low Boon Seng NRIC/FIN/Passport No: 8XXXX615A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97423815
 Email Address: _____
 Date of Accident: 14/08/2021 Time of Accident: 17:15
 Place of Accident: BK 269A / 18th Ave S / 22 @ PINE COAST
 Insurance Company: Sompo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To include the vehicle number & particulars

Policyholder / Driver's Signature
Date:

15/08/2021
Reporting Centre Personnel's Signature
Name: