G|A SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report underlined 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 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. **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	09/12/2021 11:38 (SGT)
Date of Accident	08/12/2021 16:56 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	EXIT 10A TOWARDS MARINE PARADE FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS1110M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CONRAD LIM HANN (CONRAD LIN HAN)
NRIC No	SXXXX146H
Email Address	conjesslim@gmail.com
Mobile Phone No	(Phone) +65-96826462
Alternative Phone No	+65-96826462

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2353

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01013463
Cover Note Number	-

DRIVER

Name of Driver	CONRAD LIM HANN (CONRAD LIN HAN)
NRIC No	SXXXX146H

Date Of Birth	05/12/1978
Occupation	Indoor
Date Of Driving Pass	14/01/1998
Driving experience	23 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96826462
Alt. Phone Number	+65-96826462
Email Address	conjesslim@gmail.com
Address	20 HOLLAND DRIVE #16-40
Address complement	-
Postcode	271020
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 - 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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JESSICA CHOW
Gender	Female

PASSENGER 2

Name	ILIAS LIM
Gender	Male

PASSENGER 3

Name	ISABELLE
Gender	Female

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN5277U
Vehicle Manufacturer .... Mazda
Vehicle Model .... -
Vehicle Variant .... -
Vehicle Colour .... -
Vehicle Category .... Private car
Name of Driver .... ANG MUHAMMAD AZHAR BIN RASHID
NRIC No SXXXX889J
Contact Number .... (Phone) +65-86000211
Address .... -
Address complement .... -
Postcode .... -
Insurance Company Name .... -
Nature Of Damage .... -
Details of property damaged in accident .... -
No. Of Passenger (Including Driver) 3

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.
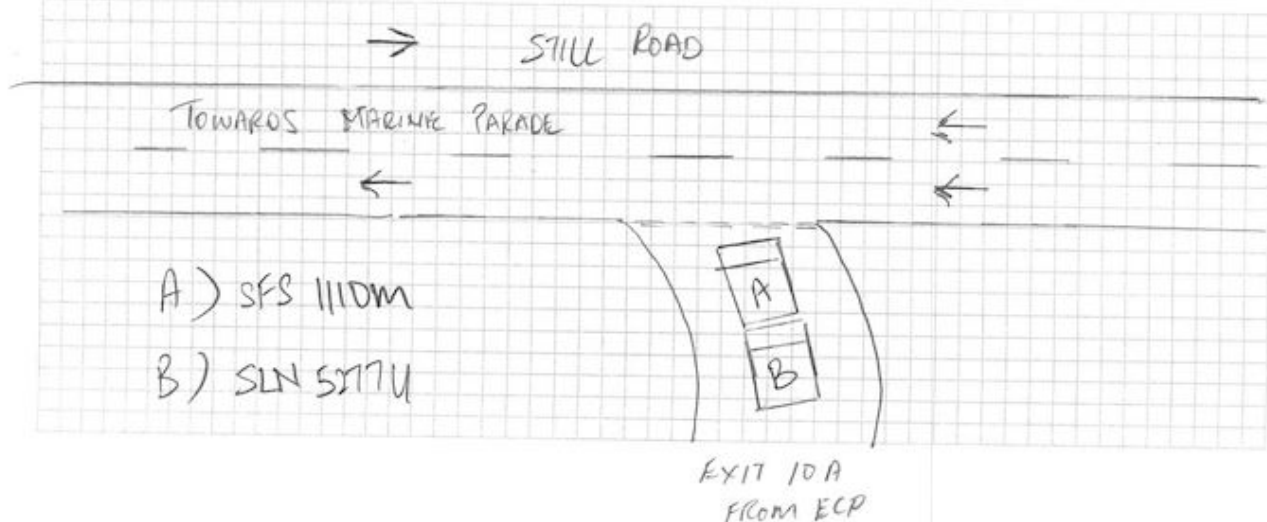
(collectively the "**Purposes**")

(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.

_9/12/21_

Policyholder's Signature / Date & Time   _9 34am_

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

_09/12/2021_

Witnessed by Reporting Centre Personnel

Sketch Plan

STILL ROAD →

TOWARDS MARINE PARADE

A) SFS 1110M

B) SLN 5717U

A

B

EXIT 10 A
FROM ECP

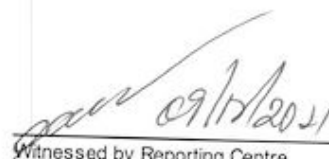## Describe Circumstances of the Accident

On 8 Dec '21, est 456pm, after exiting ECP and merging onto marine Parade flyover, was waiting for cars to clear before g enter the flyover. Traffic was many and was difficult to move off. PH car collided into my rear, right side. Video showed driver wasn't able to check if my car had moved off before he accelerated and collided into my rear.

Declaration

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

Policyholder's Signature / Date & Time   9/12/21   934 am.

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

Witnessed by Reporting Centre Personnel   09/12/2021