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 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.

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 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 31/12/2021 13:40 (SGT) Date of Accident 30/12/2021 15:45 (SGT) Exact Location of Accident Singapore Additional Location Information PIE (TUAS) NEAR EXIT 22 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM9604B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JAY YEO SHENG QUAN NRIC No. S9115209F Email Address javveosq@hotmail.com Mobile Phone No (Phone) +65-91112302 Alternative Phone No +65-91112302

VEHICLE PARTICULARS

Manufacturer Honda Model Hr-v 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? Yes Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D21MTPV01009734 Cover Note Number

DRIVER

Name of Driver JAY YEO SHENG QUAN NRIC No. S9115209F

Date Of Birth		
Date Of Driving Pass Cender SYEARS AND 5 MONTHS Male Mobile Number Mobil	Date Of Birth	21/04/1991
Driving experience 5 YEARS AND 5 MONTHS Male Mobile Number (Phone) +65-91112302 Alt. Phone Number +65-91112302 Address 198 CANBERRA DRIVE Modifies +79-81 Address complement +90-58 Postcode 767961 Is the driver the policyholder? Yes 15 No.	Occupation	Indoor
Gender Male Mobile Number Alt. Phone Number Benary of Service	Date Of Driving Pass	20/07/2016
Mobile Number Alt. Phone Number Hermal Address Alt. Phone Number Hermal Address Jayeosag@notmail.com Jayeosag Jaye	Driving experience	5 YEARS AND 5 MONTHS
Mobile Number (Phone) +65-91112302 Alt: Phone Number 465-91112302 Alt: Phone Number 465-91112302 Brail Address Jayeosa@hotmail.com 398 CANBERRA DRIVE 479-81 398 CANBERRA DRIV	• .	
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Was there any audio recorded? No	Was there any video captured by Car Camera?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SMP6474M Honda
Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	KOH GEK SIM
NRIC No	S1151960A
Contact Number	-
Address	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SLS7045H Mazda
Vehicle Model Vehicle Variant	3
	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MOHAMED BIN MOHD SAID
NRIC No	S1278656E
Contact Number	(Phone) +65-96854410
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

- 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.
- 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.
- 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.
- 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.
- By the lodgment 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:
 - 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: NRIC/FIN No.:

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KETCH PLAN		
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Seavy rain. When Vehicle (C) which is to avoid the coll due to the wet Bontien. I was alone Own Damage (OD) Claim submission ECLARATION Ve declare the foregoing particular.	L noticed the extreme of L noticed the front of in front of him. I a liston. Unfortunately. road surface, and and no injury involve language by driver. must be proceeded within 14 Days from Date of s are true in every respect.	Sight lane as there was which (B) had collided to applied e-brate and tried any valuele surged forwa bit onto valicle (B) man and in this accident.













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Generating Wisconsingapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

		ADDEND	MUM
A)	PARTICULARS OF PERS	ON MAKING THE AMENDMENT	'S:
	Original Report No :	2K03>1CV0006	Vehicle Registration No:SMM 960 ¥
	Name(as shownin NRIC) :	Jay Yeo Sheng Qu	MNRIC/FIN/Passport No : \$ 9115309F
		le Owner) (*) Please delete as a	
	Address :_		Singapore(
	Contact (Tel) :		Mobile No.: タルノン30ン .
	Email Address :		
	Date of Accident :	30/12/2021	Time of Accident : /4: ٢٠
	Place of Accident :	PIE (Tuos) Near	Exit 23.
	Insurance Company:	Sompo.	
		/	
	Insu	ired'e Veh no	: SMM 9604B
			SPA
P	olicyholder / Driver's Sig	unatura.	Reporting Centre Personnel's Signature