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.

 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 the insurance of the production by interested parties. 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 28/03/2022 12:05 (SGT) Date of Accident 27/03/2022 11:00 (SGT) Exact Location of Accident Singapore Additional Location Information CARPARK NUMPER BDB887 AT BEDOK SOUTH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Manual

1600

No - Claiming third party

Vehicle Registration Number SFF3313F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TONY TAN KIM CHIN NRIC No S1523352D Email Address tonytanchenjinshen@gmail.com Mobile Phone No (Phone) +65-98305225

Alternative Phone No +65-98305225

VEHICLE PARTICULARS

Manufacturer Mercedes Model Glc250 Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number D21MTPV01005825 Cover Note Number

DRIVER

Name of Driver TONY TAN KIM CHIN NRIC No. S1523352D

Date Of Birth 28/09/1962 Occupation Indoor Date Of Driving Pass 29/07/1980 Driving experience 41 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98305225 Alt. Phone Number +65-98305225 Email Address tonytanchenjinshen@gmail.com Address 39 JALAN LIMAU PURUT SINGAPORE Address complement Postcode 468213 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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 TO ATTACMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident RECORDING VIDEO WITH CUSTOMER Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SGC3399G Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	S1789316E
Contact Number	(Phone) +65-98764533

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 the purpose of the police of the purpose of the pur
 - 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 .:

Market Statebullening 57

SKETCH PLAN Car Park	<	A-SFE 3313 E B-SAC 3399 G
DESCRIBE CIDCUMASTANIC	THE ACCIDENT	
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
* PEFER	TO ATTACHMENT	
	C I I I I I C I C I C I C I C I C I C I	
		-
	workshop that in the event that you wish to clai	
	(OD claim), there is a Fourteen (14) days clauses to made within the stipulated timeframe from	
•	the day of occurance.	Claim OD / TP at other workshop
DECLARATION (We declare the loregoing pa policyhology Signature pate & Time:	Driver's righture (If driver is not the policyholder) Date & Time:	Reporting Contre Personnel's Signature Name: NRIC/FIN No.:

ACCIDENT ON 27.03.2022 IN A CARPARK AT BEDOK SOUTH BETWEEN SGC3399G AND SFE3313E

On 27.03.2022 at about 11am, I drove slowly into Car Park Number BDB87 at Bedok South and saw a vehicle coming out of a lot. I stopped and then reversed a little to let him out so that I could park in his lot. Before reversing, I had looked into my rear mirror and was sure that there was no car behind. Just as I was reversing, a vehicle, SCG3399G suddenly appeared from behind and hit the side of my rear bumper lightly. My car suffered some light scratches to the side of the rear bumper and SCG3399G also had light scratches to his front bumper right beside his front number plate. I felt that the driver of SCG3399G should have seen me reversing slowly and stopped as I could not see him coming into the car park from the blind spot at that angle and avoided the accident. I will be pursing a third-party claim against his insurer for the damage to my car.

TONY TAN KIM CHIN

NRIC: S1523352D

DATE: 28.03.2022























