

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 26/05/2022 17:02 (SGT)
Date of Accident 25/05/2022 15:22 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS CHANGI 24KM (NEAR BKE EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YL5084R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KOH CHONG HO CO. PTE. LTD.
Company Reg No 1XXXXX597N
Email Address sean_v3@yahoo.com.sg
Mobile Phone No (Phone) +65-85689464
Alternative Phone No (Office) +65-62980883

VEHICLE PARTICULARS

Manufacturer Nissan
Model Pu41t4
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 Commercial vehicle
Transmission Manual
CC 4169

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number D21MTPCVE002373
Cover Note Number -

DRIVER

Name of Driver MAH WENG KHIONG (MA YONGQIANG)
NRIC No SXXXX280Z

Date Of Birth	09/12/1979
Occupation	Outdoor
Date Of Driving Pass	01/04/2015
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85689464
Alt. Phone Number	-
Email Address	sean_v3@yahoo.com.sg
Address	BLK 82 WHAMPOA DRIVE #03-947
Address complement	-
Postcode	320082
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	SJG7152T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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	GBL6006H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.



[Handwritten signature]

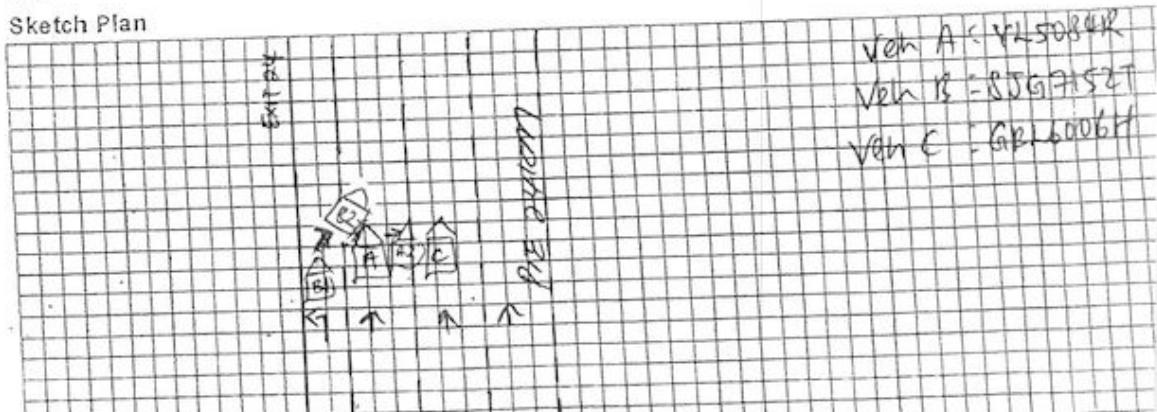
[Handwritten signature] 26/05/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was travelling along
 pie in my lane and suddenly ven B (PSG7152T)
 came out from the left side hit into the front
 portion of my vehicle and cause my vehicle
 to hit vehicle C (GBLB006H). The extreme left lane
 when vehicle B (PSG7152T) was, was entering left to exit
 24.

Declaration

We declare the foregoing particulars are true in every respect.

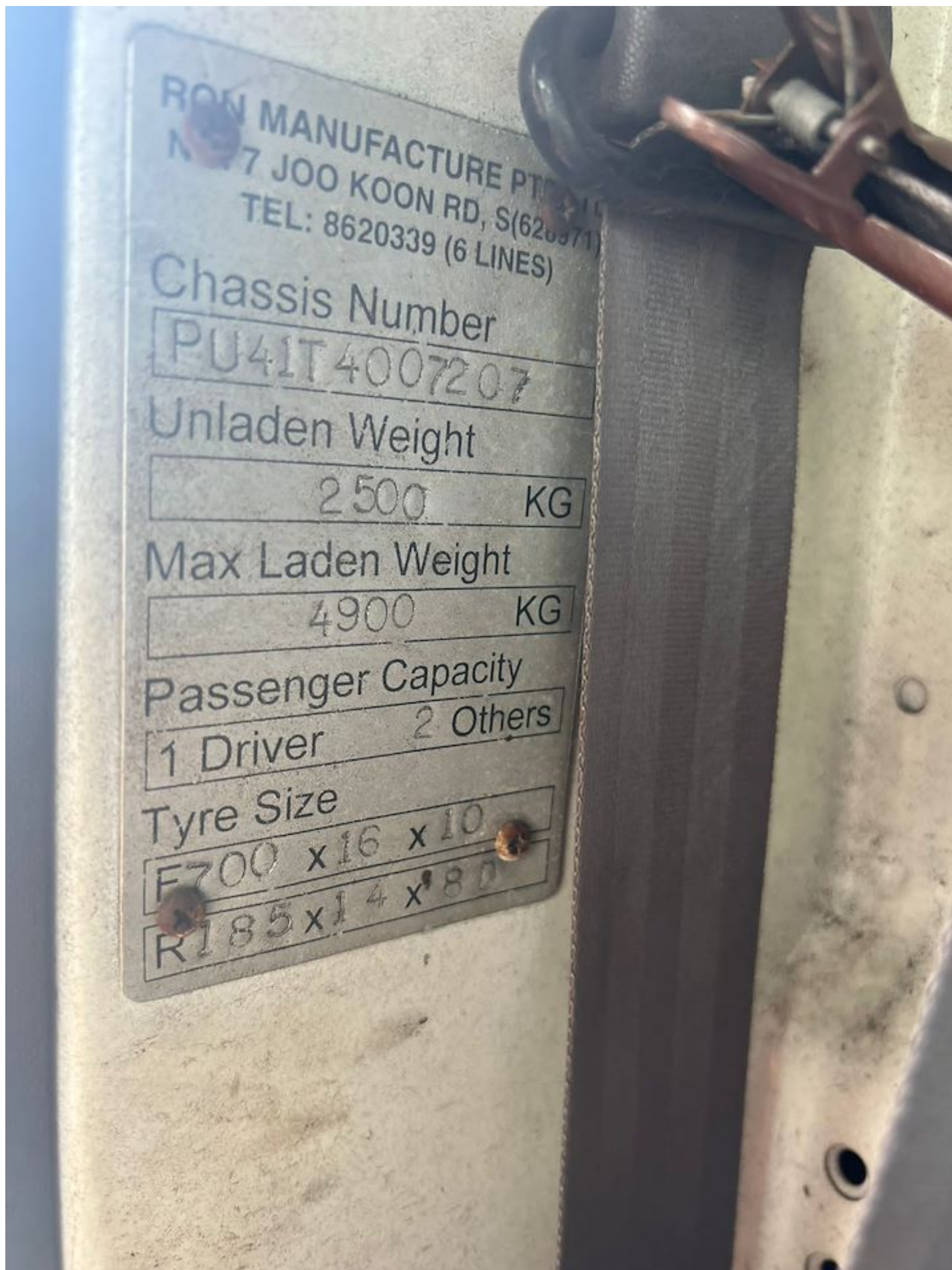


Policyholder's Signature / Date &
 Time

[Signature]

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

[Signature] 26/05/22
 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: SN09225Q000G Vehicle Registration No: Y25084R
 Name (as shown in NRIC): KOH CHONG HO CO. (PTE) LTD NRIC/FIN/Passport No: 197702597N
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 1223 Toa Payoh Industrial Park (S) 319062 Singapore ()
 Contact (Tel): 62980883 Mobile No.: 85689464
 Email Address: Sean-v3@yahoo.com.sg
 Date of Accident: 25.05.2022 Time of Accident: 1522hrs
 Place of Accident: PIE TOWARDS CHANGI 24KM (NEAR BRE EXIT)
 Insurance Company: Sompo Insurance

(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:

I would like to change the accident date
from 26.05.2022 to 25.05.2022.



Policyholder / Driver's Signature
 Date: 31.05.2022

07/06/2022
 Reporting Centre Personnel's Signature
 Name: Rose Wong
 NRIC/FIN No.:
 Date: