

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 15/06/2022 11:01 (SGT)
Date of Accident 14/06/2022 08:45 (SGT)
Exact Location of Accident 8 Marina Blvd, Singapore 018981
Additional Location Information JUNCTION OF CENTRAL BLVD AND RAFFLES QUAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ1116B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HUNG CHI-CHUNG
NRIC No S8266089E
Email Address NOFEARJOHN@GMAIL.COM
Mobile Phone No (Phone) +65-98584536
Alternative Phone No (Office) +65-98584536

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc250
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 1996

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPV01008321
Cover Note Number -

DRIVER

Name of Driver HUNG CHI-CHUNG
NRIC No S8266089E

Date Of Birth	04/03/1982
Occupation	Indoor
Date Of Driving Pass	27/04/2010
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98584536
Alt. Phone Number	(Office) +65-98584536
Email Address	NOFEARJOHN@GMAIL.COM
Address	307B ANCHORVALE ROAD #07-54
Address complement	-
Postcode	542307
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	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

REFER TO ACCIDENT STATEMENT

ATTACHMENT(S)

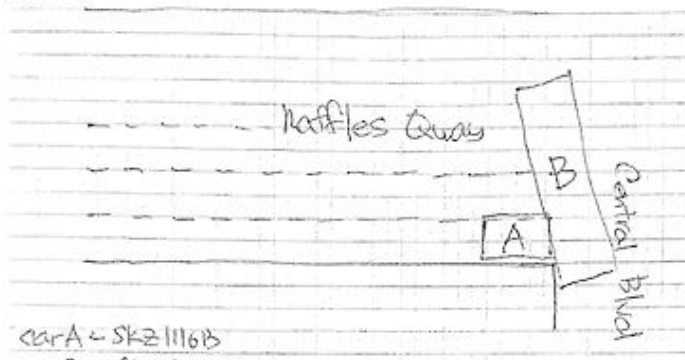
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REFER TO OWNER
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6325A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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



car A - SK21116B
car B - SBS6325A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 Jan 2022 around 08:45, I was waiting for traffic light along Raffles Quay, ~~Car~~ Bus (SBS6325A) was turning from Central Blvd towards Raffles Quay, side of the bus hitting rear of my car. Bus did not stop at the location but stopped further in front of One Shenton Condo. I follow on and we came down to check on both cars and exchange particulars.

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Name:

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the providing of this report at the police and to copies of the report being made available if needed.
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' lawyer/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' lawyer/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/also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be based 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 (a) 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
Name: