

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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 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 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 loringment of this report to the insurance companies is not entirely and the fee.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

18/06/2022 13:26 (SGT) 17/06/2022 18:30 (SGT) Balestier Rd, Singapore Balestier Road towards CTE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGN1644D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No Chin Guan Kiat SXXXX140B terry@strom.com.sg (Phone) +65-97907567 +65-97907567

VEHICLE PARTICULARS

Manufacturer Model 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

Tovota Estima Aeras 2.4A

Private use

Yes Private car Auto 2362

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Sompo Insurance Singapore Pte. Ltd. Comprehensive D21MTPV01015617

DRIVER

Name of Driver NRIC No

Chin Guan Kiat SXXXX140B



SKETCH PLAN

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- 7. By the ladgement 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer in y 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 I and disclose and transfer such Personal Information to all insurer(s) who have it sured 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' law yers 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
- (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
- (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 hisurers law yers/law firms imay/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 the flaw yers/law firphs), which may be sited outside of Singapore, for one or more of the above Purposes

Policyhelder's Signature / Date &

Time 18 JUN 2022

Sketch Plan

Driver's Signature iff driver is not the policyholder; / Date & Times

Witnessed by Reporting Centre Personnel

Balestier Road towards CTE