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 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	27/06/2022 18:43 (SGT)
Reported by	Both
Date of Accident	25/06/2022 11:55 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	FOOD CENTER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR707U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOO CHEE SENG @ EDWIN
NRIC No	SXXXX955G
Email Address	edwin.choo@united-team.com
Mobile Phone No	(Phone) +65-91799131
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01015695

DRIVER

Name of Driver	CHOO CHEE SENG @ EDWIN
NRIC No	SXXXX955G
Date Of Birth	07/07/1964
Occupation	Indoor

Date Of Driving Pass	03/04/1992
Driving experience	30 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91799131
Alt. Phone Number	-
Email Address	edwin.choo@united-team.com
Address	12 STIRLING ROAD #26-08
Address complement	-
Postcode	149955
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	Collision - Major/Minor Rd
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 (TYPE OF COLLISION REAR TO REAR BOTH PARTY DOING REVERSING)

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ94J
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HAO XUAN
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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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.
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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
27/6/22 5:20pm	27/6/22 5:20pm	27/06/2022

Sketch Plan

Describe Circumstances of the Accident

At 11.55 am, I was at Adam Food Centre's Carpark. I was about to reverse into a Carpark lot on the right side. The other Car (B) was reversing out from his parking lot. Hence, our Rear of Cars collided.

There was no damage to my Rear Bumper. The other driver (Hao Xuan), who said he was driving his Uncle's Car, was not sure about the paint work that he claimed could be damaged by the Collision. I told him that this paint damage is not new damage. Because the red paint that seem missing, was not on my Bumper.

I did not see dent to his Bumper at the spot. But on 27/6/22 at 12.23 pm, Hao Xuan whatsapp me and told me that the Car's Bumper was dented that cannot be seen by eye but can be felt.

In Summary, I looked around to ensure I was clear to reverse my Car to the parking lot but out of the sudden, a Car reverse from the parking lot which I am not aware.

The paint work damage claimed by Hao Xuan is not a new damage

I could not see the dent on the Bumper

Declaration

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

27/6/22

Policyholder's Signature / Date & Time 6.45pm

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

27/06/2022

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

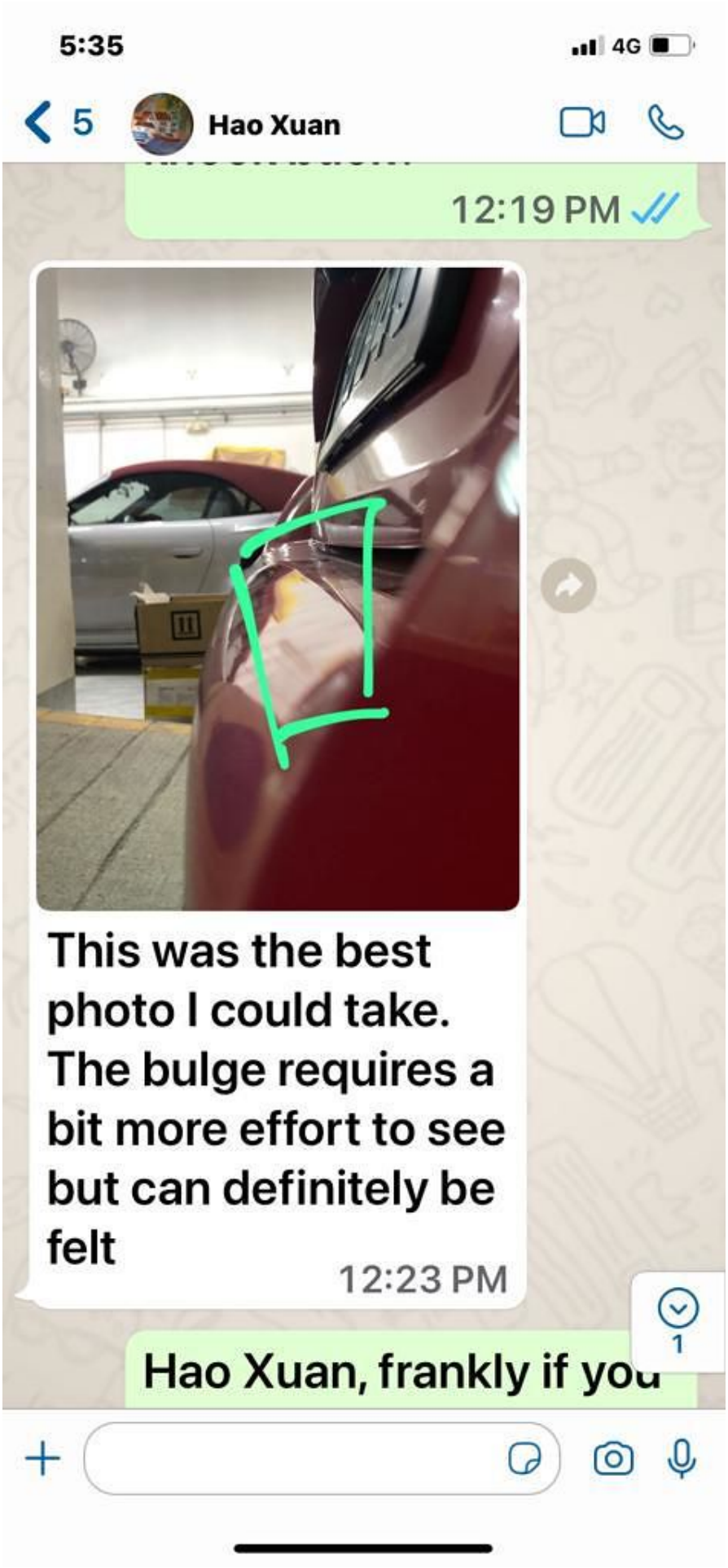
IMAGES #6


120
140
160
100
180
80
200
60
220
40
240
20
260
2608.7
km
148178
km/h
120
1
80
1/2
4
5
6
8
x1000
min

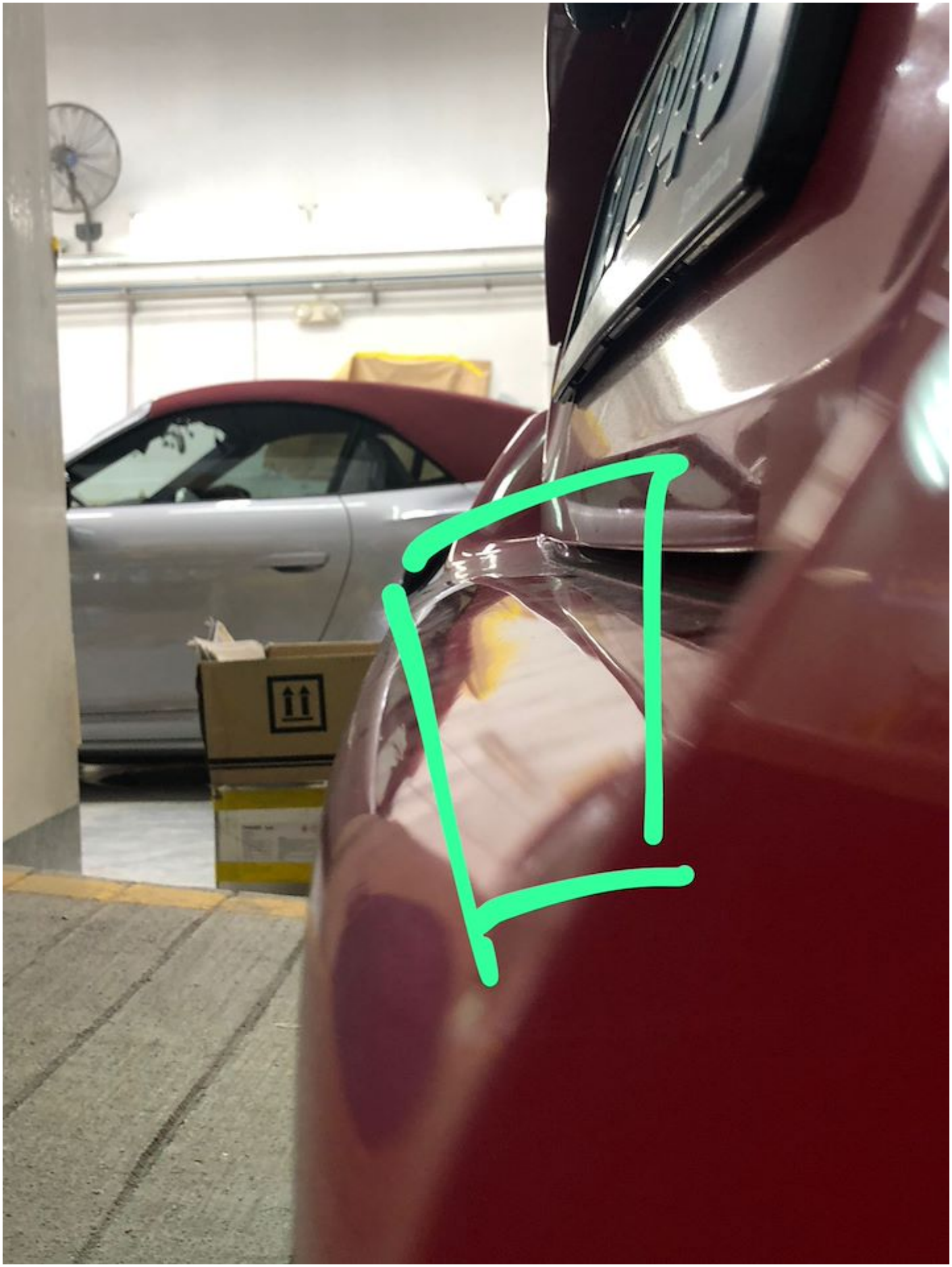
IMAGES #7

IMAGES #8


Mercedes-Benz
775
TYP: 212
PZ: 4
D: 1,0 x
Made in Germany
MY2014
DAIMLER AG
WDD2120362B040090
1- 2245 kg
2- 1055 kg
1210 kg


5:35
4G
5
Hao Xuan
12:19 PM
This was the best photo I could take. The bulge requires a bit more effort to see but can definitely be felt
12:23 PM
1
Hao Xuan, frankly if you

IMAGES #10



IMAGES #11

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SN09226R000D Vehicle Registration No: _____

Name (as shown in NRIC): CHOO CHEE SIANG @ EDWARD NRIC/FIN/Passport No: SXXXXX

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 91799131

Email Address: _____

Date of Accident: 25/06/2022 Time of Accident: 11.55

Place of Accident: ADOM RD FOOD CENTRE

Insurance Company: SOMPO

(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:

T/P VEHICLE NUMBER: IS SLJ94J

Policyholder / Driver's Signature
Date:

27/06/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC Addendum Form