SN09228H0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 17/08/2022 13:26 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (17/08/2022 13:26 (SGT))

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 Actual 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.

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 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 17/08/2022 13:26 (SGT) Reported by Driver Date of Accident 27/07/2022 13:23 (SGT) Exact Location of Accident Lavender St., Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

1595

Vehicle Registration Number SLC3094B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG WENG KEEN NRIC No SXXXX170F Email Address yuchun56123@gmail.com Mobile Phone No (Phone) +65-98277722 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model A180 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

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01005679

DRIVER

CC

Name of Driver HUNG YU-CHUN NRIC No SXXXX698D Date Of Birth 27/02/1990 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	27/07/2016 6 YEARS Female (Phone) +65-93664528 - yuchun56123@gmail.com 442A HOLLAND ROAD - 278643 No Spouse No			
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry			
OTHER INFORMATION				
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	No 2 No - Yes 2 No			
DETAILS OF POLICE ACTION				
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -			
CIRCUMSTANCES OF ACCIDENT				
PLEASE REFER TO SKETCH PLAN				
ATTACHMENT(S)				
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No			
DETAILS OF OTHER VEHICLE PROPERTY 1				
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SMM1192A - -			

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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- 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' 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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	Wb 17.08,20	2 13:11	17/88/2002
Policyholder's Signature / Date 8 Time	& Time	older) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan	LAVENDER STREET		
			A) SLC 3094B B) SMM 1192A

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called me, I	turned my head within 2 sec	ionds, I bumped
into the from	t car who as may emergecy br	eak
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ration		
oclare the foregoing portion for	s are true in every respect	
clare the foregoing particular	a are true in every respect.	
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