

## 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 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 ..... 15/08/2022 17:09 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 15/08/2022 10:45 (SGT)  
Exact Location of Accident ..... 37A Teban Gardens Rd, Singapore 601037  
Additional Location Information ..... TEBAN GARDEN FOOD CENTRE CARPARK GANTRY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GV4804Y

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CT SCIENTIFIC PTE LTD  
Company Reg No ..... 200000457R  
Email Address ..... CTADM@CTSI.COM.SG  
Mobile Phone No ..... (Phone) +65-63582502  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2500

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MPTCVE001454

#### DRIVER

Name of Driver ..... LOH CHOON LYE  
NRIC No ..... S7667101Z  
Date Of Birth ..... 27/12/1976  
Occupation ..... Outdoor

Date Of Driving Pass .....	20/07/2009
Driving experience .....	13 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97930796
Alt. Phone Number .....	-
Email Address .....	JAYSEN.LOH@CTSI.COM.SG
Address .....	BLK 608 SENJA RD #20-16
Address complement .....	-
Postcode .....	670608
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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 - Head to Rear
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

I WAS TRAVELLING ON 36 TEBAN GARDEN ROAD, GOING TOWARD THE BARRIER.  
AS I COULD'T STEP ON BRAKE AND HIT ONTO VEH B AND LEFT SIDE BARRIER CAMERA.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKL8192H
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	E250
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) .....	1

## SKETCH PLAN

VEH A: 6V48047  
 VEH B: SKL81924  
 VEH C: —

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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.



Policyholder's Signature / Date & Time

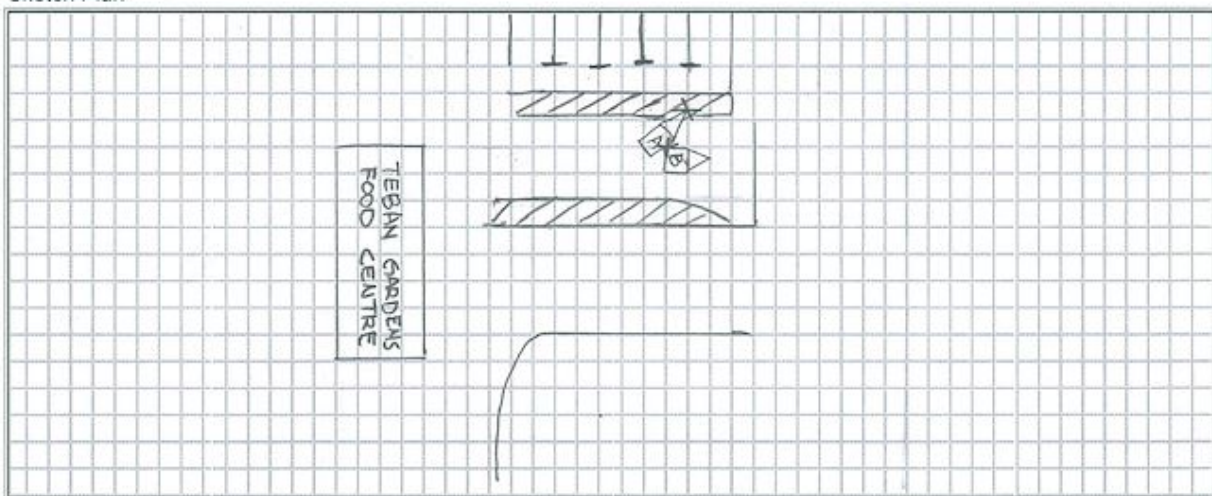
*Signature* 15/8/2022 545pm

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan



vJun2022

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Describe Circumstance of the Accident		
VEH A: 4V4804Y	VEH B: SKL8192H	VEH C: -
DATE OF ACCIDENT: 15.08.22		TIME OF ACCIDENT: 10:43am
ACCIDENT LOCATION: 36 Teban Gardens Road S(600036)		
<p>I WAS TRAVELLING ON 36 TEBAN GARDEN ROAD ,          GOING TOWARD THE BARREN .          AS I COULDN'T STEP ON BRAKE AND HIT          ONTO VEH B AND LEFTSIDE BARREN CAMERA .</p>		

## Declaration

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



Policyholder's Signature / Date &amp; Time

*[Signature]* 15/8/2022 1545pm  
 Actual Driver's Signature (if driver is not the policyholder)  
 / Date & Time



*[Signature]*  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)























