

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	29/08/2022 17:56 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 20:30 (SGT)
Exact Location of Accident	462 Upper E Coast Rd, Singapore 466508
Additional Location Information	HUA YU WEE RESTAURANT CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS5929J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIOW CHING PENG
NRIC No	SXXXX629H
Email Address	MAIL@SAMUELSEOW.COM
Mobile Phone No	(Phone) +65-90096337
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	I8 COUPE AUTO
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	1499

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01002560

DRIVER

Name of Driver	SEOW AN, SAMUEL (XIAO AN)
NRIC No	SXXXX775A
Date Of Birth	06/04/1988
Occupation	Indoor

Date Of Driving Pass	29/01/2009
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90096337
Alt. Phone Number	-
Email Address	MAIL@SAMUELSEOW.COM
Address	22 SARACA ROAD
Address complement	-
Postcode	807368
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

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)	0
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

REFER TO SKETCH PLAN

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	SLS5581P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN LEE LIAN NEO MAGGIE
NRIC No	SXXXX935C

Contact Number	(Phone) +65-91122402
Address	-
Address complement	29 MIMOSA VALE
Postcode	807941
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

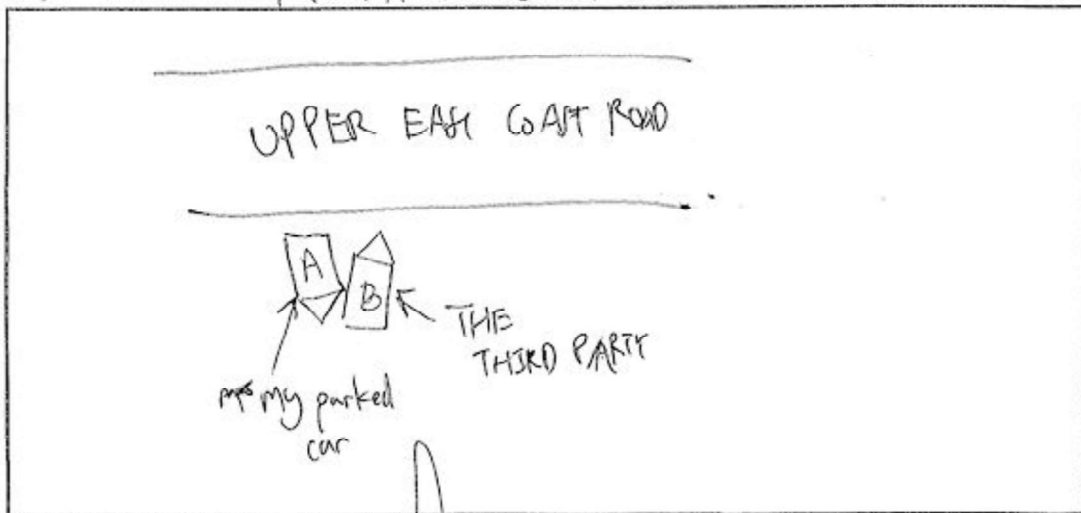
Sompo
Vehicle: SMS 5929J
29/08/2022

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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.

Sketch Plan

AT HUA YU WEE CARPARK



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

29/08/2022

Date of accident: 27 AUG 2022 Time: 7:30H Location: HUA YU WEE RESTAURANT
 My Vehicle A: SMS5929J Vehicle B: SL5558IP Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident

I PARKED MY VEHICLE AT HUA YU WEE RESTAURANT (REVERSE PARK) AT AROUND 7:45pm on 27 AUG 2022. I went in a parking lot, guided by the car park valet.

AT AROUND 8:45pm, I was informed by the car park valet that someone had collided with my stationary car.

THE owner of the other car (Maggie Tan Lee Lim Nee) SL5558IP, said that she was exiting the car park lot next to me, and collided into the front left of my car.

She provided a statement to me over WhatsApp admitting to this is true. (attached).

My car suffered scratches on wall as total loss to parking sensors.

My side mirrors are not folding properly now and all parking sensors are not working.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



29/08/2022

AH LIM MOTOR COMPANY