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# SINGAPORE ACCIDENT STATEMENT

- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- Any raise reporting may be referred to the Folice for investigation.
   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.
   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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

10/05/2023 15:24 (SGT) Both Policyholder and Actual Driver 10/05/2023 08:16 (SGT) Toa Payoh Rise, Singapore TRAFFIC LIGHT JUNCTION BEFORE THOMSON ROAD Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLD791L

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No No

ABI BAGHERI AGHDAM SXXXX473C

himec@singnet.com.sg (Phone) +65-96177088

VEHICLE PARTICULARS

Manufacturer

Variant accident

Model Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Toyota

Harrier

Private use

No - Claiming third party Private car

Auto 1986

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D21MTPV01016437

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ABI BAGHERI AGHDAM SXXXX473C 23/08/1968 Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	23/06/1997 25 YEARS AND 11 MONTHS Male (Phone) +65-96177088 - himec@singnet.com.sg 237 ARCADIA ROAD #07-07 - 289844 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe 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	No 2 No - Yes 1 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

DETAIL	SOFOI	HER VER	IICLE PROF	ERITI

	01/700704
Vehicle Registration Number	SKZ6879A
Vehicle Manufacturer	BMW
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92989787

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 Form must be completed by the Policyholder and/or the Actual 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>.
- 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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.
- 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:

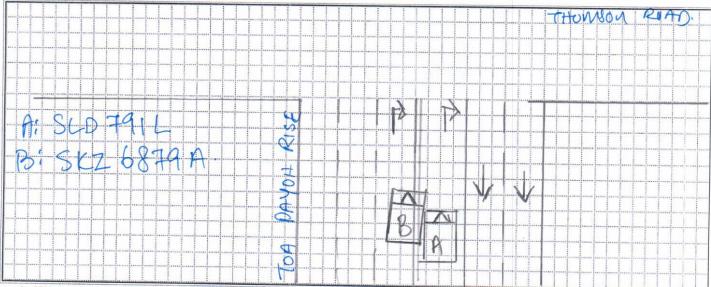
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

MANUEL MANUEL

Describe Circumstance of the Accident
On mentioned date and time, I was driving along Ton Payon
on the RH lane, intend to from "RIGHT" vehicle "B' which
noving on the LEFT turned abruptles and collided against
my vericle. My vericle sustained me to his hand turn and
the impact any vehicle was purhed to the PLANT land in
road Kerb. My vericle systemial damages to the found sale
on the RH line, intend to thin "RIGHT", vehicle B' which noving on the LEFT turned abruptly and collided against my vehicle. My vehicle sustained the polis hard turn and the impact my vehicle was pushed to the RIGHT hand side road kerb. My vehicle sustained damages to the Round LEFT side and the broadsick of RIGHT hand side. After the Collision lineident the said vehicle SV7 6879 A
the collision/incident the said vehicle SKZ 6879 A
drove infront of my car. We both drivers exchange particular
and never call for any assistance since no one injured
due to the accident. We took some photos before leaving
the accident scene.

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

# ACCIDENT'STATEMENT

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email.=



# Sompo Insurance Singapo

Tol: 6483 (1555) | Fax: 6221 3302 | ww MANUAL PARTY AND PROPERTY.

Co first No.: 1888/054BOF | CoT first

# Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)

ROAD TRANSPORT ACT 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

e/Policy No. MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

D21MTPV01016437

ABI BAGHERI AGHDAM

hicle (Registration No.): SLD791L

Comprehensive - ExcelDrive PRESTIGE

mmencement Date 01 DECEMBER 2021 00:00

piry Date 30 NOVEMBER 2022 23:59

Liability (Section I) Market value at time of loss

\$600 - Section I

S\$100.00 for each and every applicable claim.

o GST wherever applicable

en Excess

Excess\*