

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 First Submission	14/08/2024 15:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/08/2024 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BUKIT TIMAH ROAD (AFTER BALMORAL PLAZA)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5644S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LALWANI ANIL MANGAN
NRIC No	SXXXX174Z
Email Address	LLYRAL@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90234787
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
Variant	NISSAN X-TRAIL 2.0
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1997
Vehicle Fuel	Petrol
First Registration Date	27/01/2016
Chassis no	JN1JANT32Z0001383
Effective Date/Time of Ownership	27/01/2016 02:01 (SGT)

INSURANCE COMPANY

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

DRIVER

Name of Driver	LALWANI ANIL MANGAN
NRIC No	SXXXX174Z
Date Of Birth	11/05/1974
Occupation	Indoor
Driving Pass Date	05/02/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90234787
Alt. Phone Number	-
Email Address	LLYRAL@HOTMAIL.COM
Address	BLK 14 KITCHENER LINK 28-31 SINGAPORE 207223
Address complement	-
Postcode	-
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 - Head to Rear
Weather Conditions	Clear
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)	2
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	-

PASSENGER 1

Name	LISA MOHANDAS
Gender	Female

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 ATTACHED

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	SND6509Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ROGER LIM
Contact Number	(Phone) +65-87863698
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKZ5644S

SKETCH PLAN

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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.

[Signature]

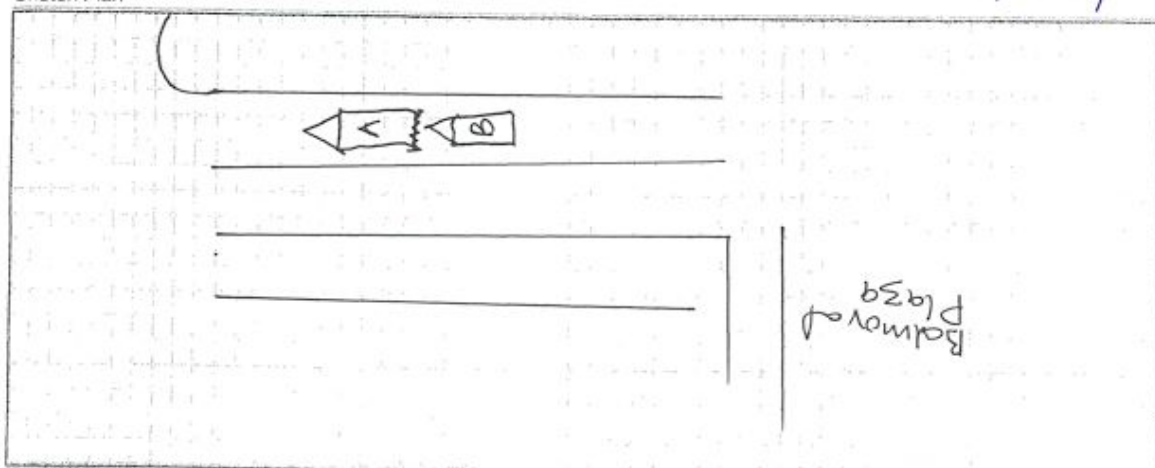
Policyholder's Signature / Date & Time

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

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

14.08.24

Sketch Plan



vJun2022

Describe Circumstances of the Accident

Accident Location: Along Bukit Timah Road (After Balmoral Plaza)
 Accident Date: 14/8/24 Time: 8.30 am/pm
 Owner Email: 1lyral@hotmail.com Driver Email: es owner

On or about 14 August 2024 at about 8.30am, I was driving my vehicle no. SKZ5644S along the extreme right lane of Bukit Timah Road (landmark about 400 metres ahead of Balmoral Plaza). The vehicle in front of me came to a stop and I accordingly slowed down and came to a stop.

The vehicle no. SND6509Z which was directly behind my vehicle could not stop in time and collided into the rear of my vehicle causing my vehicle to ~~keep~~ feel a heavy impact.

The road surface was wet as it had just rained and the traffic volume was heavy.

After the accident, the driver of SND6509Z was seated in the driver's seat as the door was jammed.

He admitted to me that his tyres were not good and apologized for causing the accident.

We exchanged particulars. The driver, Roger Lim, said that he was not the owner but the hirer/driver of the vehicle.

I left the accident site after taking some photographs.

OTHER VEHICLE NO INVOLVE DETAILS :-

B Veh No: SND6509Z Hp: 87863698 Total Pax: 1 Driver Name: Roger Lim
 C Veh No: Hp: Total Pax: Driver Name:

Declaration

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

14.08.24















