

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 23/09/2024 17:14 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 21/09/2024 15:53 (SGT)
Exact Location of Accident Singapore
Additional Location Information CARPARK BETWEEN BLK 128/123 YISHUN ST 11
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW9443U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TANG WEN XIANG
NRIC No S9324300E
Email Address wen_xiang_1e2@hotmail.com
Mobile Phone No (Phone) +65-93238212
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model CAMRY 2.0 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 1998
Vehicle Fuel -
First Registration Date 23/11/2015
Chassis no MR053DK5100104663
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company Sampo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D24MTPV01002351

DRIVER

Name of Driver	TANG WEN XIANG
NRIC No	S9324300E
Date Of Birth	08/07/1993
Occupation	Indoor
Driving Pass Date	25/05/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93238212
Alt. Phone Number	-
Email Address	wen_xiang_1e2@hotmail.com
Address	BLK 402B FERNSVALE LANE #22-227
Address complement	-
Postcode	792402
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 - Major/Minor Rd
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?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SHC3313S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	M.HADI BIN M. RAMLI
Contact Number	(Phone) +65-87547041
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR RIGHT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

VEH NO: SKW9443U
 INSURER: COMPO
 DATE OF ACC: 21/9/24
@ 1530hrs

SKETCH PLAN

IMPORTANT NOTICE

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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.
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' 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]
 23/09/2024

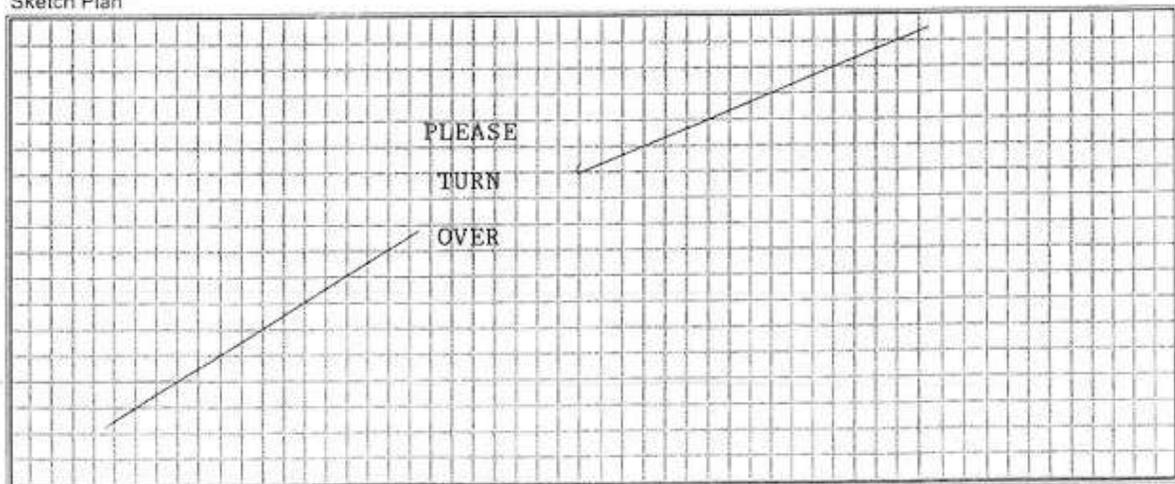
Policyholder's Signature / Date & Time

[Signature]
 23/9/20
 Speeds (75)

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

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

Sketch Plan



Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop (_____)

Sketch Plan:

c/p between
Blk 128/123
Yishun St 11

A = SKW9443U
B = SHC33135
hp = 87547041
M Hadi Bin M. Ramli

Date - 21/9/24 Time - 1553hr Ins - Sompu

Refer to police report - F/20240921/7123

Declaration

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

[Signature] 23/09/2024

Policyholder's Signature / Date & Time

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

[Signature] 23/9/24

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

(YS)



**SINGAPORE
POLICE FORCE**



F/20240921/7123

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20240921/7123

On 21/09/2024, at about 1553hrs, I was driving my vehicle, a Toyota Camry with the license plate SKW9443U, within the carpark between Blk 128 Yishun St 11 and Blk 123 Yishun St 11. While driving, a blue ComfortDelGro taxi with the license plate SHC3313S was ahead of me. Without warning, the taxi driver abruptly stopped his vehicle and began reversing. Despite my attempt to alert him by honking, the taxi accelerated in reverse and collided with my vehicle, specifically the right rear bumper of the taxi impacting the front left side of my vehicle, resulting in a dent on my front left side bumper and a dislodged front left bumper. There were blue paint marks on my left head lamps.

Upon the collision, I placed my vehicle in park mode and exited to check on both the driver and the vehicle damage. The taxi driver initially claimed that I was following too closely behind him. However, I informed him that my vehicle dash camera had recorded the incident and I offered to share the footage if necessary.

I checked if the taxi driver was injured, which he confirmed he was not. I also asked if he needed an ambulance, but he declined. I did not require medical attention at the time either. Both parties exchanged particulars, and I gave the taxi driver time to consult his company for assistance. I remained at the scene until this process was completed.

Both parties were not injured, and we mutually agreed to claim the damages through the insurance of ComfortDelGro Taxi (License plate: SHC3313S). The driver of the taxi, Mr. Mohammad Hadi Bin Mohammad Ramli (NRIC: S8617531B), admitted fault and apologized for the incident. We shook hands, and I left the location of the accident after ensuring all necessary steps were taken.

I am lodging this report to make claims against his insurance.

Involved Vehicles:

My vehicle: Toyota Camry (License plate: SKW9443U)

Other vehicle: Blue ComfortDelGro Taxi (License plate: SHC3313S)

Supporting Evidence:

Vehicle Dash Camera footage is available and can be submitted upon request.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/09/2024 23:26
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20240921/7123

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20240921/7123

Subjects Involved			
Victim			
Person Name	TANG WEN XIANG		
ID Type	NRIC NO	ID No	S9324300E
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Insurance sales agent/broker	Address	402B FERNSVALE LANE #22-227 SINGAPORE 792402
Mobile No	93238212	Is Informant A Victim?	Yes
Person Name	TANG WEN XIANG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/09/2024 23:26
Officer In-Charge Of Case:	Classification Of Case: