

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 21/06/2024 17:10 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 21/06/2024 14:00 (SGT)
Exact Location of Accident Near 2 College Ave West, Level 1 Stephen Riady Centre, Singapore
Additional Location Information Clementi Road filter lane into AYE toward MCE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR230R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Woo Jiun Wei (Wu Junwei)
NRIC No SXXXXX780F
Email Address jerry_woo@sats.com.sg
Mobile Phone No (Phone) +65-98324134
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Pulsar
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1200

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D23MTPV01010038

DRIVER

Name of Driver Woo Jiun Wei (Wu Junwei)
NRIC No SXXXXX780F
Date Of Birth 31/07/1971

Occupation	Indoor
Driving Pass Date	16/04/1992
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98324134
Alt. Phone Number	-
Email Address	jerry_woo@sats.com.sg
Address	Blk 405 Pasir Ris Drive, #02-495
Address complement	-
Postcode	510405
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	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

Refer attachment.

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	GBC6331R
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	Goh Hock Heng

NRIC No	SXXXX162A
Contact Number	(Phone) +65-93620690
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Rear damaged
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

INDUSTRIAL PTE LTD
 ROAD 4
 SINGAPORE 408623
 TEL: 6430 9666 FAX: 6846 7483

Signature
 2/6/2024
 1700hr

Policyholder's Signature / Date & Time

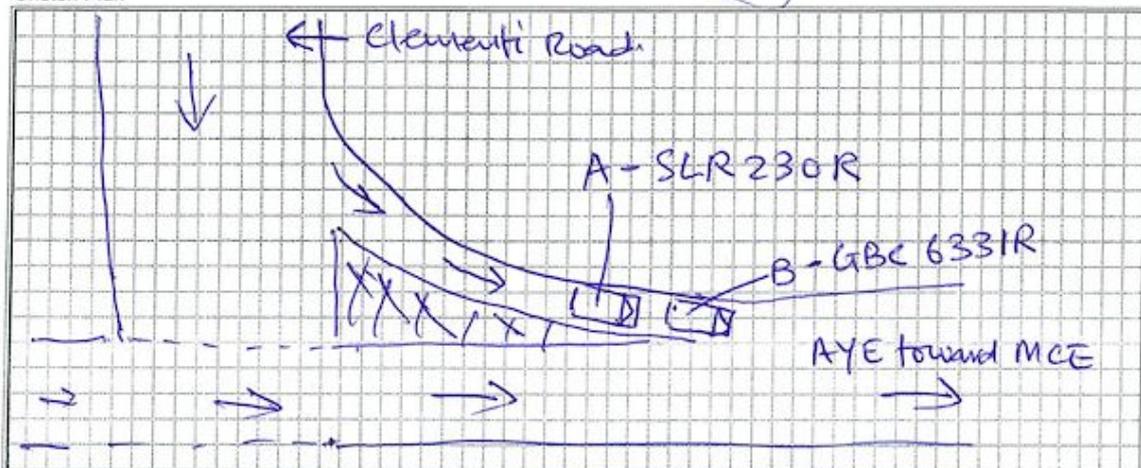
Signature

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

Signature

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

Sketch Plan



Describe Circumstance of the Accident

I was driving my vehicle 'A' SLR230R along Clementi Road, signal left and turn into the filter lane towards AYE.

Before my vehicle 'A' SLR230R exit into AYE. I look to the right to give way to a bus on the main road. However, vehicle 'B' GBC 6331R in front of me already stopped his vehicle. I am unable to stop my vehicle 'A' SLR230R and collided into the back of vehicle 'B' GBC 6331R.



AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
21/8/2024
1700h.

Policyholder's Signature / Date & Time

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

[Signature]

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