

## 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 .....	28/10/2024 12:21 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/10/2024 08:43 (SGT)
Exact Location of Accident .....	Near 11A Spooner Rd, Singapore 168795
Additional Location Information .....	Kampong Bahru Road
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMU5882Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Goh Hwee Ni Winnie
NRIC No .....	SXXXX594C
Email Address .....	winniegoh9423@gmail.com
Mobile Phone No .....	(Phone) +65-98389492
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Amg
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 .....	1800
Vehicle Fuel .....	Petrol
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D24MTPV01002079

#### DRIVER

Name of Driver .....	EDWARDS BENJAMIN CRAIG
NRIC No .....	SXXXX517H
Date Of Birth .....	04/08/1975
Occupation .....	Indoor
Driving Pass Date .....	15/12/2011
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	12 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96474262
Alt. Phone Number .....	-
Email Address .....	BEN@ASADEVELOPMENT.NET
Address .....	BLK 1 KIM SENG WALK 32-05 SINGAPORE 239403
Address complement .....	-
Postcode .....	239426
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Side Swipe
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) .....	4
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 .....	Goh Hwee Ni Winnie
Gender .....	Female

#### PASSENGER 2

Name .....	Rachael Edwards
Gender .....	Female

#### PASSENGER 3

Name .....	Rebecca Edwards
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 attachment.

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

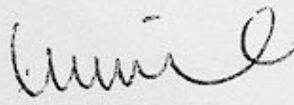
Vehicle Registration Number ..... XE2737J  
Vehicle Manufacturer ..... Mitsubishi  
Vehicle Model ..... Fuso  
Vehicle Variant ..... -  
Vehicle Colour ..... White  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... Vasudevan Karthik  
Passport No/FIN ..... GXXXX596T  
Contact Number ..... (Phone) +65-84048655  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

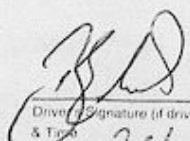
Describe Circumstance of the Accident

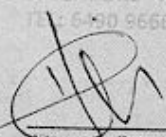
WHILST DRIVING SOUTH WEST ALONG JALAN BUKIT MENAH I WAS STOPPED AT THE TRAFFIC LIGHTS TO TURN RIGHT ONTO KAMPONG BAHARU ROAD. THERE WERE 2 RIGHT HAND TURN LANES I WAS IN VEHICLE SMU58122 (VEH A) IN THE LEFT TURNING LANE. VEHICLE XE27375 (WHITE LORRY - VEH B) WAS IN THE RIGHT TURNING LANE. WHEN THE LIGHT TURNED GREEN VEH A + VEH B TURNED RIGHT. AS WE ROUNDED THE CORNER VEH B SWERVED INTO OUR LANE AND COLLIDED WITH OUR VEHICLE. THE IMPACT CAUSED OUR VEHICLE TO COLLIDE WITH THE CURB ON THE LEFT SIDE. ONCE WE SAFELY STOPPED I COULD SEE THE FRONT LEFT METAL STEP ON THE LORRY CABIN WAS DAMAGED AND THIS IS WHAT STRUCK OUR VEHICLE. AT ALL TIMES WE REMAINED IN OUR LANE THE TIME OF THE INCIDENT WAS 0843AM 27/10/24 IT WAS CLEAR SKIES AND WAS NOT RAINING.

Declaration

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

  
Policyholder's Signature / Date & Time  
1210 28/10/24

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
28/10/24 1212

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6730 9666 FAX: 6846 7483  
  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

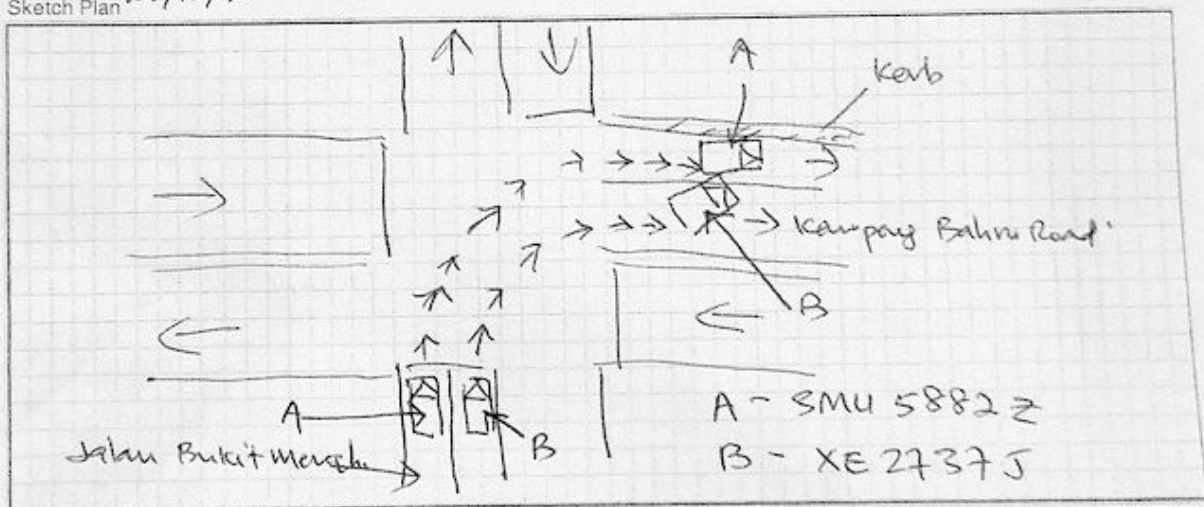
Policyholder's Signature / Date & Time

1210 28/10/24  
Sketch Plan

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

1212 28/10/24

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





























































**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1R24ASM002 Vehicle Registration No: SMU 5882 Z  
 Name(as shown in NRIC) : Edwards Benjamin <sup>Craig</sup> NRIC/FIN/Passport No : SXXXXS17H  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : Blk 1, Kim Seng Walk, 32-05 Singapore( 239403 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96474262  
 Email Address : bencasadevelopment.net  
 Date of Accident : 27-10-2024 Time of Accident : 08:43  
 Place of Accident : Kampung Bahru Road  
 Insurance Company: Sompo Insurance Singapore Pte. Ltd.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Wrong sketch plan attachment. Error by Reporting Centre Staff

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: Hemzah  
 NRIC/FIN No.: SXXXXX434B  
 Date: 28/10/2024

GIA001F addendumform\_V3



50 Raffles Place, #03-03  
Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | www.sompo.com.sg  
Co. Reg. No.: 198905400E | GST Reg. No.: M200903196

### CERTIFICATE OF INSURANCE

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D24MTPV01002079  
Insured : GOH HWEE NI WINNIE  
Vehicle Registration No. : SMU5882Z  
Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP PLAN  
Policy Commencement Date : 01 FEBRUARY 2024 00:00  
Policy Expiry Date : 31 JANUARY 2025 23:59  
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS  
Hire Purchase Owner : N.A  
Excess\* : S\$600 - SECTION I  
Voluntary Excess\* : N.A  
Waiver of Excess : NOT COVERED  
Windscreen Excess\* : S\$100 FOR EACH AND EVERY APPLICABLE CLAIM

\* Subject to GST wherever applicable

#### Persons or Classes of Persons entitled to drive

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
  - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
  - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

#### Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

#### Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Centre with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For the list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: ~~(65) 6226 3333~~ (65) 8498 1618

WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.31A

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 26 JANUARY 2024 10:39

**SOMPO ASSIST HOTLINE : ~~(65) 6226 3333~~ (65) 8498 1618**

In the event of road accident, please call our Sompo Assist Hotline immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in E-filing your accident report with your vehicle within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code : META AGENCY PTE. LTD. / 11M16010 CI Code: 22A\_F\_LDHLH4RMBYLTBA