

## 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 .....	25/11/2024 16:45 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/11/2024 08:54 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	ECP - NEAR BAYFRONT AVENUE EXIT. ECP OPPOSITE MBS
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNF6639X
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RAJNISH KAPUR
NRIC No .....	SXXXX088E
Email Address .....	KAPUR.RAJNISH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91500455
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A6
Variant .....	DESIGN 2.0 TFSI S
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 .....	1984
Vehicle Fuel .....	-
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 .....	D24MTPV01006517

#### DRIVER

Name of Driver .....	RAJNISH KAPUR
NRIC No .....	SXXXX088E
Date Of Birth .....	17/12/1977
Occupation .....	Indoor
Driving Pass Date .....	02/04/2005
Driving License Pass Class .....	2B,3
Driving License Validity .....	Valid
Driving experience .....	19 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91500455
Alt. Phone Number .....	-
Email Address .....	KAPUR.RAJNISH@GMAIL.COM
Address .....	19 KEW CRESCENT
Address complement .....	-
Postcode .....	466215
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

CAR WAS STOPPED AT TRAFFIC LIGHT NEAR BAYFRONT AVE. EXIT ON ECP. THE OTHER CAR HIT MY CAR FROM BEHIND. THE DRIVER MENTIONED THAT HE WAS NOT ABLE TO BRAKE IN TIME.

#### 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 .....	SGC2388U
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Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	E180
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	YEOW ENG FOO
Contact Number .....	(Phone) +65-94799057
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

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

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.

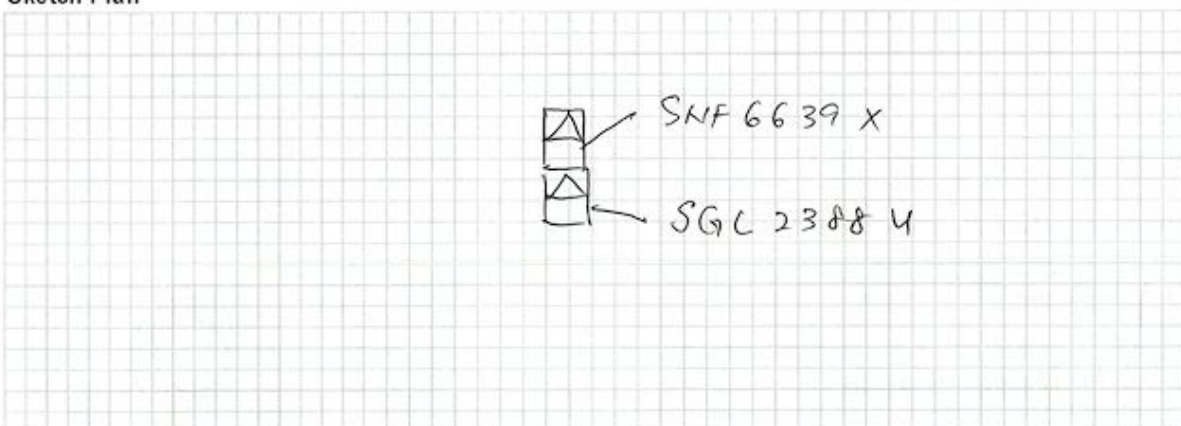
25/11/2024 10:40pm

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

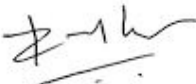
**Sketch Plan**

## Describe Circumstances of the Accident

Car was stopped at traffic light near Bayfront Ave exit on ECP. The other car hit my car from behind. The <sup>driver</sup> driver mentioned that he was not able to brake in time.

## Declaration

We declare the foregoing particulars are true in every respect.

  
25/11/2024 10:40AM

Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel



















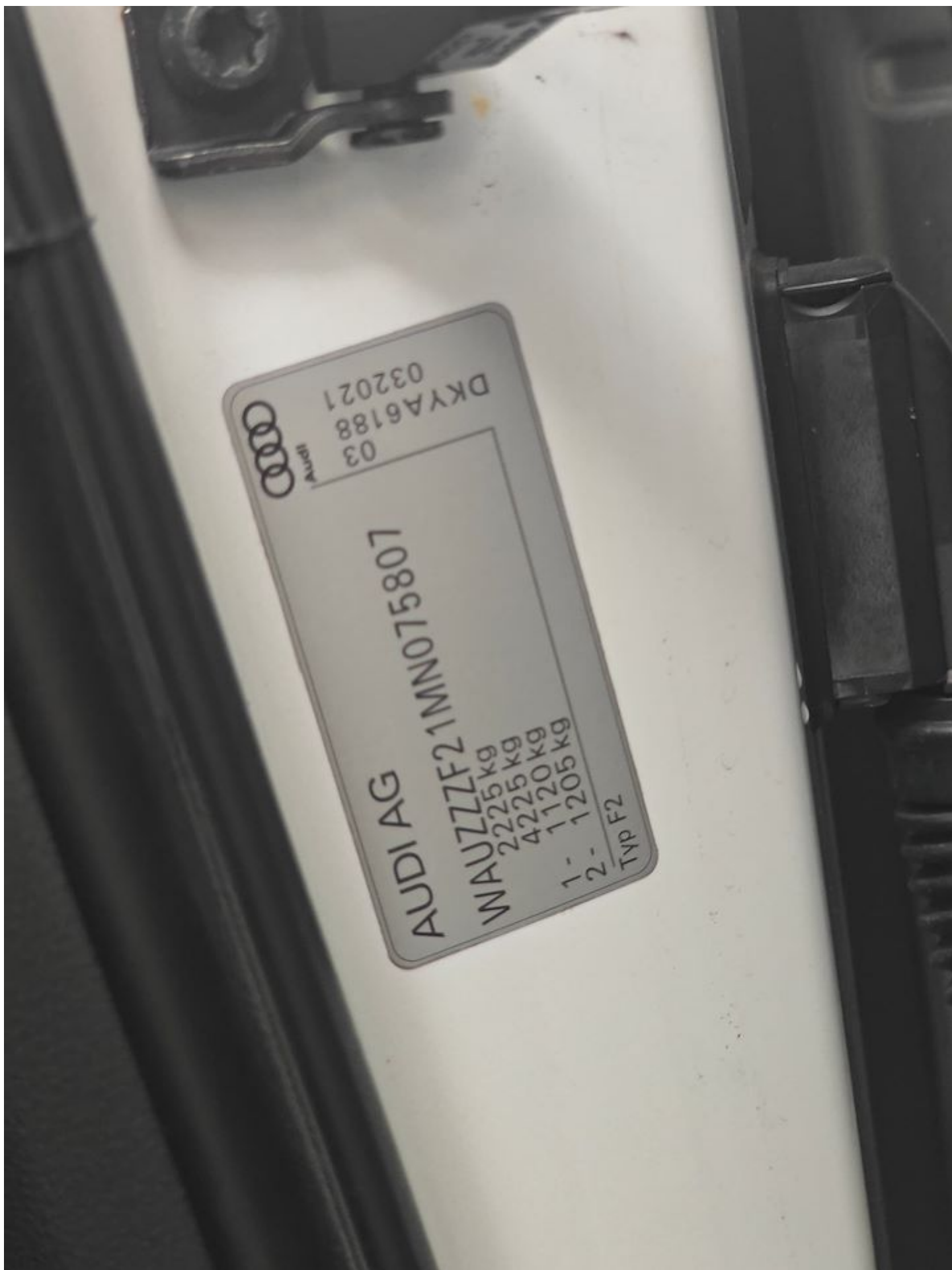








































































































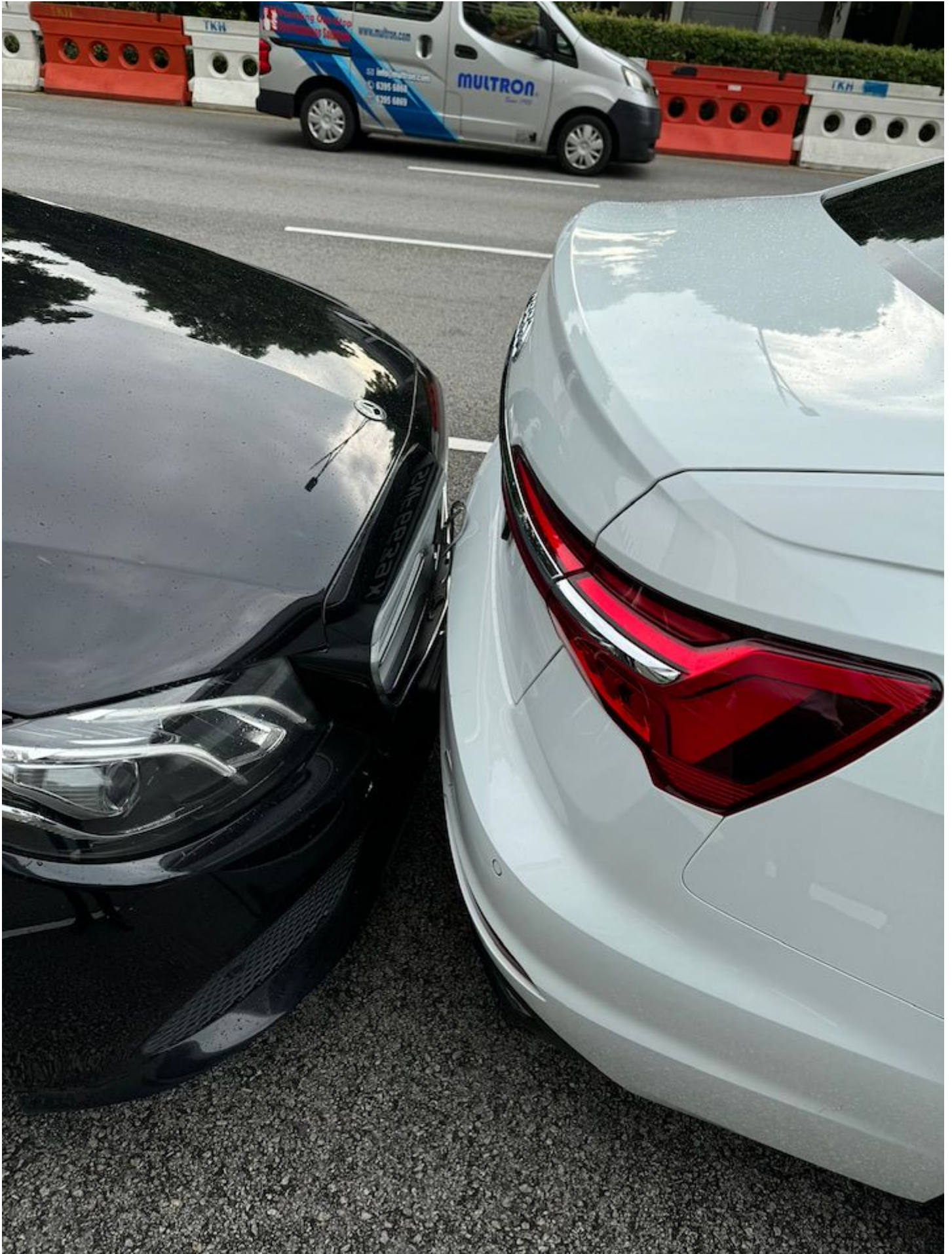






























**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**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 : SP1424BP0004 Vehicle Registration No: SNF 6639 X  
Name(as shown in NRIC) : RAJNISH KAPUR NRIC/FIN/Passport No : SXXXX088E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 19 KEW CRESCENT Singapore(466215)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91500455  
Email Address : KAPUR.RAJNISH@GMAIL.COM  
Date of Accident : 25/11/2024 Time of Accident : 08:54  
Place of Accident : ECP - NEAR BAYFRONT AVENUE EXIT. ECP OPPOSITE MBS  
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:

TO AMEND THIRD-PARTY VEHICLE NUMBER

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: EN Q1  
NRIC/FIN No.: \_\_\_\_\_  
Date: 25/11/2024