

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 Authorised 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 ability.
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 Report	26/01/2018 16:28
Date Of Accident	26/01/2018 14:30
Exact Location Of Accident	T/JUNCTION OF BARTLEY RD EAST & UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4939A
Insured/Policyholder	
Name Of Registered Owner	NG PUI TJU
NRIC No	S7073710H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91123380
Alternative Phone No	OTHERS-97399023

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 VTIR CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01010720
Cover Note Number	30/07/2017 - 29/07/2018

Driver

Name of Driver	LEE XIN YI
NRIC No	S9629168Z
Date Of Birth	21/08/1996
Occupation	INDOOR
Date Of Driving Pass	29/05/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90601912
Fax Number	
Contact Number	
Email Address	LEEXINYI2108@GMAIL.COM

Address	67 BLANDFORD DRIVE
Postcode	559860
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

TRAFFIC LIGHT TURN GREEN (WITH GREEN ARROW ON), I THEN SLOWLY MOVED FORWARD THE JUNCTION. NEXT MOMENT, I FELT AN IMPACT AND REALISED MOTOR CAR SGA6150Y HAD STEERED TOWARDS MY VEHICLE AND COLLIDED ONTO MY VEHICLE RH PORTION. RIGHT AFTER THE IMPACT, DRIVER OF SGA6150Y CONTINUED HER WAY WITHOUT STOPPING, I THEN APPLIED MY CAR HORN TO ALERT HER BUT SHE DIDNT STOP IMMEDIATELY. I GAVE CHASE UNTIL SHE STOPPED AT THE BUS STOP, I INFORMED HER THAT SHE HAD HIT ONTO MY VEHICLE EARLIER ON AT THE TRAFFIC JUNCTION AND SHE WAS APOLOGETIC FOR CAUSING THE ACCIDENT AND ASKED ME HOW TO SETTLE. I TOLD HER THAT I HAVE NO IDEA ON THE REPAIR COST AND WILL GET BACK TO HER AFTER ASSESSMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	EXTRACTING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGA6150Y
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOK MEI FENG
NRIC/Passport Number	S8418024F
Contact Number	97454404

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SKU4939A
INSURER : SOMPO
DATE & TIME: 26/01/18 @ 1430

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

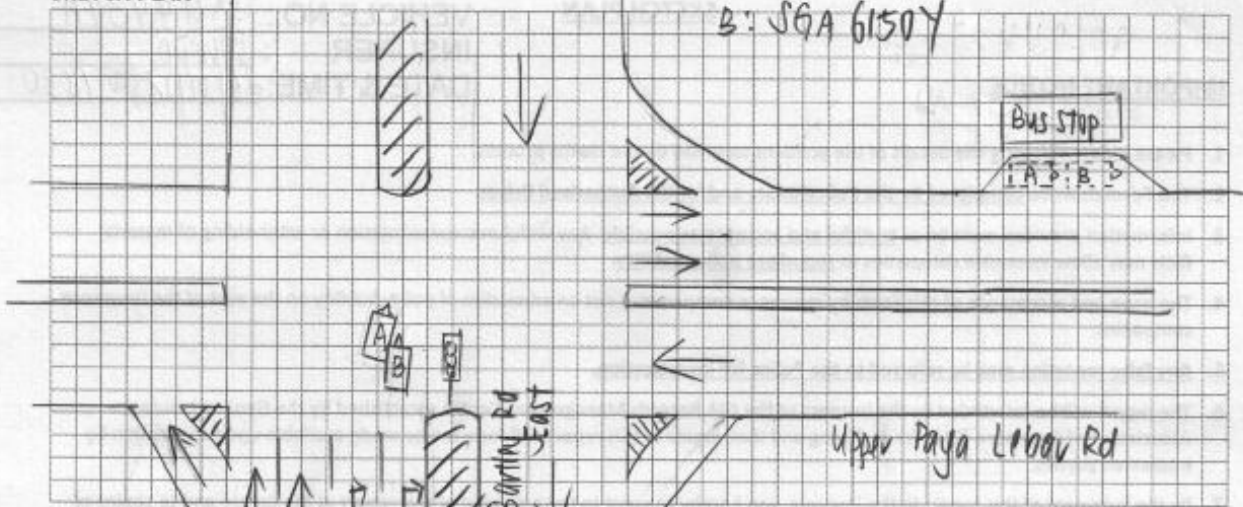
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Dorlyn (Amk)
NRIC/FIN No.: 26/01/18

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SKU4939A (SOMPO)

Date & Time: 26/01/18 @ 1430 (clear/dry)

Traffic light turn green (with green arrow on), i then slowly moved forward the junction. Next moment, i felt an impact and realised motor car SGA 6150Y had steered towards my vehicle and collided onto my vehicle RH portion. Right after the impact, driver of SGA 6150Y continued her way without stopping, i then applied my car horn to alert her but she didn't stop immediately. I gave chase until she stopped at the bus stop, i informed her that she had hit onto my vehicle earlier on at the traffic junction and she was apologetic for causing the accident and asked me on how to settle. I told her that i have no idea on the repair cost and will get back to her after assessment.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/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:


Reporting Centre Personnel's Signature
Name: (AMK)
NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop

Sketch Plan #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7073710H

Name
NG PUI TJU

吴佩球

Race
CHINESE

Date of Birth
26-12-1970

Country of Birth
INDONESIA

Sex
F




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9629168Z

Name
LEE XIN YI

吕欣怡

Race
CHINESE

Date of Birth
21-08-1996

Country of Birth
SINGAPORE

Sex
F




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9629168Z

LEE XIN YI

Birth Date 21 Aug 1996

Issue Date 29 May 2015

002433019C




2896039

Barcode

NRIC No. S7073710H

Blood Group O+

Date of issue 26-09-1996




4787788

Barcode

NRIC No. S9629168Z

Date of issue 21-10-2011




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 29 May 2015

NP 428A

License No: S9629168Z



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

