

## 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 PTE USE  
time of accident  
Are you claiming under your own insurance policy NO  
for repair to your vehicle?  
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 LEEEXINYI2108@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 : SDMPO

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: Domyn (AunK) Date: 26/01/18  
NRIC/FIN No.:

## Sketch Plan #2

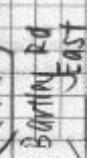
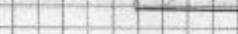
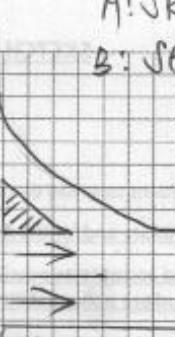
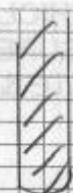
### SKETCH PLAN

A: SKU4939A

B: SGA 6150Y

Bus Stop

A B B D



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SKU 4939A (compo)

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

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:

NRIC/FIN No.:

(AWK)

GIARMC SketchPlanForm\_V3  Claim Own Policy  Claim Third Party  Reporting Only  
 Claim OD/TP at other workshop ( )

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Sketch Plan #3

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7073710H



NG PUI TJU

吴佩珠

Race  
CHINESE

Date of Birth  
26-12-1970

Sex  
F

Country of Birth  
INDONESIA

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9629168Z



LEE XIN YI

吕欣怡

Race  
CHINESE

Date of birth  
21-08-1996

Sex  
F

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No. S9629168Z

LEE XIN YI

Date of Birth 21 Aug 1996  
Issue Date 29 May 2015

002433019C



SG 50



2096039

NRIC No. S7073710H

Blood Group  
O+

Date of issue  
28-09-1996



4787788

NRIC No. S9629168Z

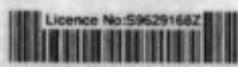
Date of issue  
21-10-2011

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

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

Licence No. S9629168Z



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**

