

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 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 Report	21/12/2019 11:11
Date Of Accident	20/12/2019 16:50
Exact Location Of Accident	SLIP RD- ANG MO KIO AVE 8 TOWARDS ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW6202R
Insured/Policyholder	
Name Of Registered Owner	LEONG CASMINS
NRIC No	SXXXX968J
Email Address	CASMINSLONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82821021
Alternative Phone No	OTHERS-82821021

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)
Exact Purpose for which vehicle was being used at time of accident	PVT USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01013220
Cover Note Number	5/10/18-24/01/20

Driver

Name of Driver	LEONG CASMINS
NRIC No	SXXXX968J
Date Of Birth	04/08/1982
Occupation	INDOOR
Date Of Driving Pass	16/10/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82821021
Fax Number	
Contact Number	OTHERS-82821021
Email Address	CASMINSLONG@GMAIL.COM

Address	BLK 348D YISHUN AVE 11 #13-607
Postcode	764348
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

ON 20 DEC 2019, I WAS DRIVING ALONG AMK AVE 8 AND FILTERING LEFT TO GO TO AMK AVE 5. AS AFTER I MAKE A LEFT TURN, I DID NOT REALISED AND EXPECT A STATIONARY CAR(SGL7938C) ACTUALLY STOP AT THE ROADSIDE. I COULD NOT IN TIME STOP AS DISTANCE IS NEAR AND ONLY ABLE TO PREVENT DIRECT COLLISION ON THE BACK. THUS LEFT FRONT OF MY CAR HIT THR RIGHT BACK OF VEHICLE SGL7938C. THERE ARE 2 PEOPLE IN THE CAR, THE OWNER AND 1 PASSENGER. THEY HAVE NO INJURY AT SIGHT. BOTH CONTINUE TO TALK AFTER I DROVE OFF.

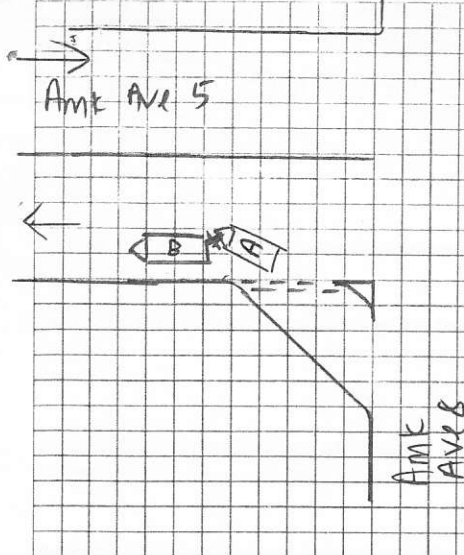
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL7938C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



A= SGW 6202 R

B= SGL 7938 C

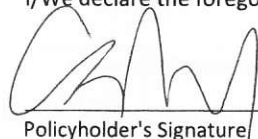
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20 Dec 2019, I was driving along Amk Ave 8, and attempting left to go to Amk Ave 5. As after I make a left turn. I did not realise and expect a stationary car (SGL 7938 C) actually stop at the roadside. I could not in time to stop as distance is near and only able to prevent direct collision on the back. Thus left front of my car hit the right back of vehicle SGL 7938 C. There are 2 people in the car, the owner and 1 passenger. They have no injury at sight. Both continue to talk after I drive off.

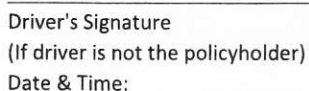
Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

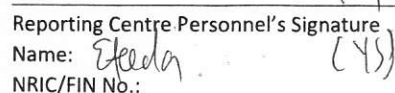
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature

Date & Time:


Driver's Signature
(If driver is not the policyholder)

Date & Time:


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

GIARMC SketchPlanForm V3

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()

SKETCH PLAN

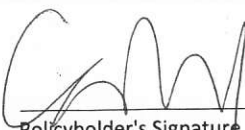
VEHICLE NO.: SGW6202R
INSURER : Sompo
DATE & TIME: 20.12.19
@ 450pm

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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:

 21/12/19
Reporting Centre Personnel's Signature
Name: Evelyn (VS)
NRIC/FIN No.: