

## 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	29/05/2020 16:45
Date Of Accident	28/05/2020 18:20
Exact Location Of Accident	T-JUNCTION OF UPP ALJUNIED RD & JOO SENG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4525C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SATINDER SINGH GILL
NRIC No	SXXXX712Z
Email Address	VISIONAUTOWORK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98521947
Alternative Phone No	OFFICE-98521947

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC 250

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
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Type Of Coverage	COMPREHENSIVE
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Fleet Policy	NO
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Policy Number	
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Cover Note Number	
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### Driver

Name of Driver	SATINDER SINGH GILL
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NRIC No	SXXXX712Z
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Date Of Birth	01/07/1966
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Occupation	INDOOR
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Date Of Driving Pass	30/10/1996
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Driving Experience	23 YEARS AND 6 MONTHS
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Gender	MALE
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Mobile Number	(LOCAL) +65-98521947
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Fax Number	
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Contact Number	OFFICE-98521947
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Email Address	VISIONAUTOWORK@GMAIL.COM
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Address	BLK 8 BOON KENG RD #23-144
Postcode	330008
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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: : PARUMJEET KAUR 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

REFER TO ATTACHMENT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB6342X
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKR7567K

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)

#### DETAILS OF INJURED PERSON 1

Name

SATINDER SINGH GILL

Approximate Age

Injuries Sustain

BACK PAIN

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**SKETCH PLAN**



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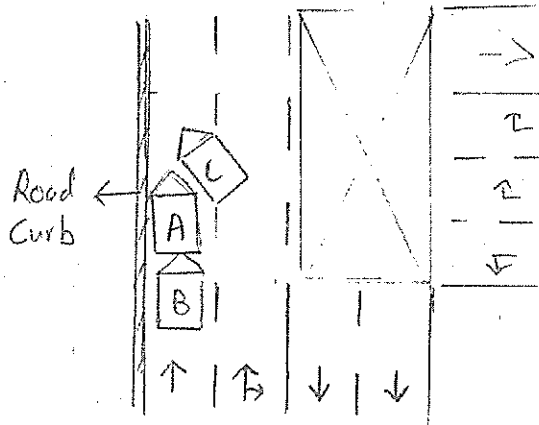
**8. Consent under the Personal Data Protection Act (PDPA)**

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.

		CONFORTDELGRO ENGINEERING PTE LTD EXTERNAL BUSINESS DIV. UBI BRANCH NAME & SIGNATURE: _____ DESIGNATION: _____ DATE: _____
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: _____	(If driver is not the policyholder) Date & Time: _____	Name: _____ NRIC/FIN No: _____

## SKETCH PLAN



A = SMR 4525C

B = SLB 6342X

C = SKR 7567K

T-Junction Of  
Upper Aljunied Road  
and Joo Seng Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.05.2020 at about 18:20 hours at T-Junction of Upper Aljunied Road and Joo Seng Road. I was travelling straight on lane 2 (along Upper Aljunied Road towards Upper Serangoon Road), after I passed by the junction of Upper Aljunied Road and Cedar Avenue, suddenly vehicle (C) which was waiting at the junction of Upper Aljunied Road and Joo Seng Road from my right cut into my lane without checking the oncoming traffic. I applied my brake to avoid the collision and swiped onto my left; subsequently I heard a loud bang and felt an impact from behind.

When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A). As a result of the accident, the front and rear portion were damaged, also front left hand side of my vehicle (A) was mounted onto the road curb. It was a chain collision of total 3 vehicles involved; I wish to state that I have 1 passenger inside my vehicle (A) and I have in-car camera recorded the accident.

Vehicle (A): SMR 4525C

Vehicle (B): SLB 6342X

Vehicle (C): SKR 7567K

## 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.: