

ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to SPRINT or Accord Auto Services.
2. This Form must be completed by the Policyholder and/or the Driver.
3. Information provided must be as truthful and accurate as possible. Any false representation 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 23/11/2020 18:36
Date Of Accident 23/11/2020 13:40
Exact Location Of Accident PAYA LEBAR ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP3636G
Insured/Policyholder
Name Of Registered Owner SITI HAJARAH BINTE HASAN
NRIC No SXXXX829A
Email Address MAHATSITI23@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-92275487
Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer TOYOTA
Model VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident
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 D20MTPV01000467
Cover Note Number

Driver

Name of Driver SITI HAJARAH BINTE HASAN
NRIC No SXXXX829A
Date Of Birth 23/12/1981
Occupation INDOOR
Date Of Driving Pass 16/02/2006
Driving Experience 14 YEARS AND 9 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-92275487
Fax Number
Contact Number OFFICE-NOPHONE
Email Address MAHATSITI23@YAHOO.COM.SG

Address BLK 138B YUAN CHING ROAD #19-127
Postcode 612138
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions RAINING
Road Surface WET

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? 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) 3
Passenger 1
NAME: : DESMOND ANG HAO JIE
GENDER: : MALE
Passenger 2
NAME: : CHEN JIN YAN
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name JURONG NPP
Police Station Address ROAD: 158 YUNG LOH ROAD #01-58, POSTCODE: 610158, COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG PAYA LEBAR RD TOWARDS UPPER PAYA LEBAR RD UPON SEEING THE CAR IN FRONT OF ME BRAKING, I STARTED TO BRAKE AS WELL. I WAS COMPLETELY AT STOP FOR A FEW SECONDS WHEN THE CAR BEHIND ME BANGED THE REAR OF MY CAR.

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 SJK9030C
Vehicle Make/Model/Colour KIA
Details Of Properties
Vehicle Category PRIVATE CAR

e of Driver
IC/Passport Number
Contact Number
Address
Postcode
Insurance Company
Nature Of Damage
No. Of Passengers
Name

Name of Driver JOSEPH
RIC/Passport Number SXXXX674D
Contact Number 96175617
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEN JIN YAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKP3636G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name DESMOND ANG HAO JIE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKP3636G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name SITI HAJARAH BINTE HASAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKP3636G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

Veh A: 8DP 3636 G
Veh B: SJK 9030 KC

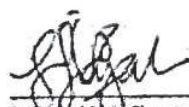
IMPORTANT NOTICE

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. 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 lodgment 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.
- (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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature

Date & Time: 23.11.2020

1726 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Celia Lai

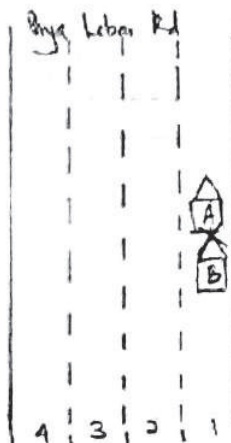
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Veh A: SHP 3434 G

Veh B: STK 4304 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Paya Lebar Rd towards Upper Paya Lebar Rd. Upon seeing the car in front of me braking I started to brake as well. I was completely at a stop for a few seconds when the car behind me banged the rear of my car.

DECLARATION

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

Policyholder's Signature

Date & Time: 23.11.2020
1726 HRS

Driver's Signature

(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature

Name: *Chia Wei*
NRIC/ETN No.:



SEMPURNE
POLICE FORCE



T/20201124/2080

Police Station of Origin:
Jurong NRP
158 Yung Lok Road #01-00 SINGAPORE
610158
Tel No: 1800-2650999

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Report No T/20201124/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2020 20:51		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: SITI HAJARAH BINTE HASAN			Address: APT BLK 138B YUAN CHING ROAD #19-127 SINGAPORE 612138		
ID Type / ID No.: NRIC NO / S8139829A			Contact No.: Home/Office: Mobile: 92275487		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 23/12/1981	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2020 13:40	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK9030C	Car				No Damage	0
SKP3636G	Car	TOYOTA	VIOS E AUTO	Black	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP3636G	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV01000467	13/02/2020	12/02/2021



SINGAPORE
POLICE FORCE



T/20201124/2080

Police Station Of Origin:
Jurong NPP
158 Yung Leh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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Report No. T/20201124/2080

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOSEPH	ID No.	S8838674D
Related Vehicle	SJK9030C (Car)	Contact No.	96175617
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SITI HAJARAH BINTE HASAN	ID No.	S8139829A
Related Vehicle	SKP3636G (Car)	Contact No.	92275487
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 23/11/2020 at about 1340hrs, I was driving my car (SKP3636G) along Paya Lebar Road towards Upper Paya Lebar Road when I came to a stop at a junction and suddenly a car (SJK9030C) from the back collided with the rear side of my car. My car suffered a dislodged left rear bumper and some dents on the rear that caused my boot to not be able to open. I exchanged particulars with the other driver before proceeding back to work.

When I was in my office, I started to feel pain in my neck and back area. I went to get myself check at Alexandra Hospital after work and was given a 3 days Medical Certificate from 23/11/2020 to 25/11/2020.

I do not have an in car camera in my car. No ambulance or Traffic Police attended to the incident.



SINGAPORE
POLICE FORCE

Police Station Of Origin:

Jurong NPP

158 Yung Lok Street #01-58 SINGAPORE

610158

Tel No: 1800-3554888



T/20201124/2080

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Report No T/20201124/2080

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 MUHAMMAD NUR HAQIM BIN ABU
MANSOR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

18108

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

24/11/2020 20:51

Classification Of Case: