

# 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 Submission ..... 15/03/2021 09:48 (SGT)  
Date of Accident ..... 12/03/2021 14:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... NAMLY PLACE 41/43  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA3983P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NORDIC MARINE SERVICE  
Company Reg No ..... 4XXXX800D  
Email Address ..... CAPT\_RAMATAS@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-81122280  
Alternative Phone No ..... +65-81122280

### VEHICLE PARTICULARS

Manufacturer ..... Opel  
Model ..... Combo  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... D20MTPCVE00176  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WONG YI-LIN  
NRIC No ..... SXXXX462B  
Date Of Birth ..... 06/01/1971  
Occupation ..... Indoor

Date Of Driving Pass .....	19/08/1996
Driving experience .....	24 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81122280
Alt. Phone Number .....	-
Email Address .....	CAPT_RAMATAS@HOTMAIL.COM
Address .....	BLK 30 MARINE CRESCENT #06-161
Address complement .....	-
Postcode .....	440030
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Parked Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

#### 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 .....	SJV187K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLAN

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



SJV  
187K

GIA  
3983P

SKETCH PLAN #2

Describe Circumstances of the Accident

I parked my vehicle along North Place at about 1430 hr. When I returned to take my vehicle at about 1830 I saw a notice on my front windscreen that mentioned that I had reversed into his vehicle and ask me to call him.

I look and noticed a contact with SJV 187K which was behind me. I got back into my car and realised that my vehicle was not at its original position and I began to wonder that maybe I may have ~~been~~ forgotten to put on my brakes and resulted in a roll backwards into SJV 187K.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* MAR 13, 2021  
Driver's Signature (if driver is not the policyholder) / Date & Time  
11:25 AM



Witnessed by Reporting Centre Personnel

To driver of GBA 3983P,

You reversed into my vehicle while it was parked. Pictures & video evidence has been taken. Please contact me at 9231 2325.

























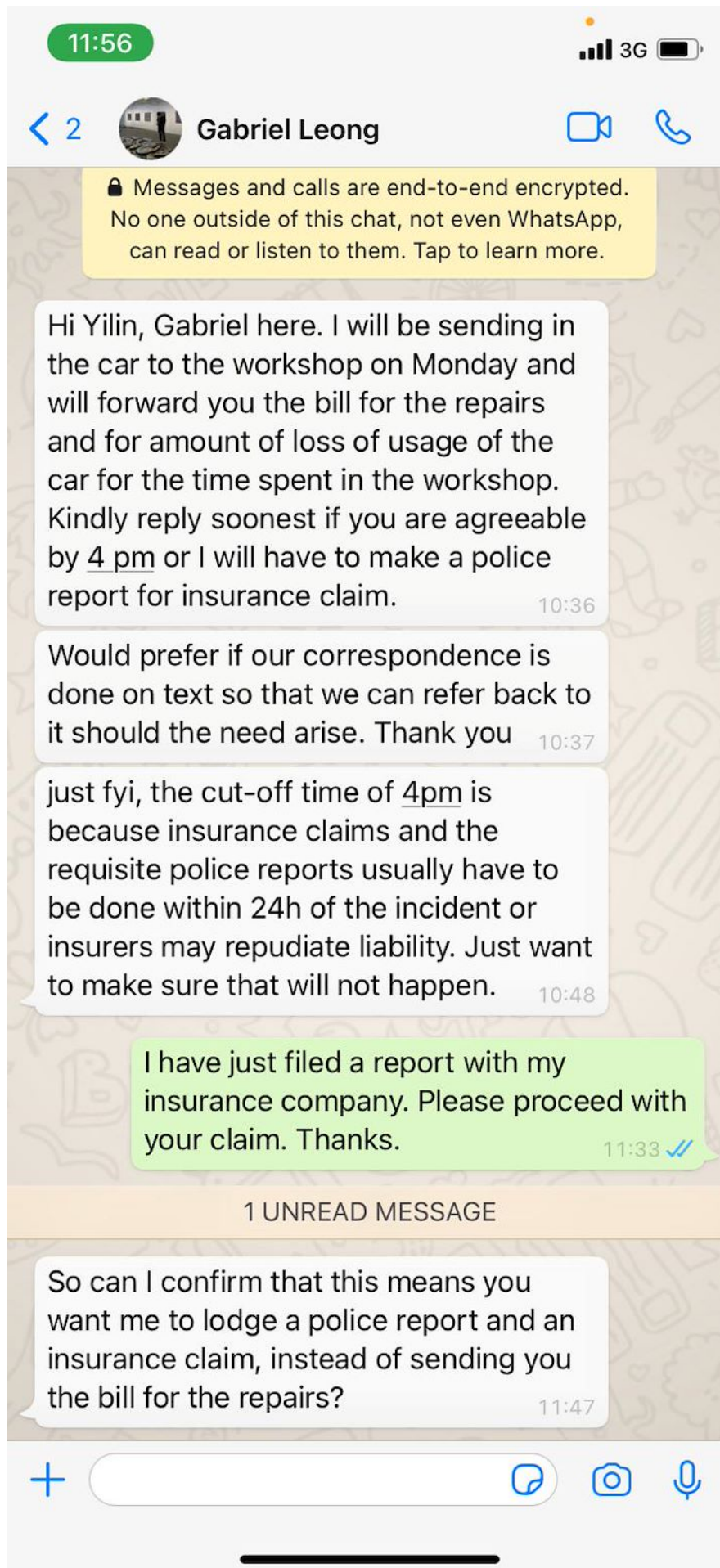


















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

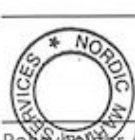
#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SK0L213F0001 Vehicle Registration No: GBA 3983P  
 Name (as shown in NRIC) : Wong Yi-Lin NRIC/FIN/Passport No : SXXXX462B  
 (\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
 Address : Blk 70 Marine Crescent #06-161 Singapore (440070)  
 Contact (Tel) : 8112 2280 Mobile No. : 8112 2280  
 Email Address : Capt-ramafas@hotmail.com  
 Date of Accident : 12.3.2021 Time of Accident : 14:30 hr  
 Place of Accident : Namly Place 41/43  
 Insurance Company : Sompo Insurance.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Typo Error - the location of the accident should be Namly Place 41/43.
2. upload conversation (whatsapp) screenshot.
3. upload photo.
4. Additional Information. — The driver of vehicle SJV187K claimed that only the front Number plate was affected.  
I wish to highlight that there was no plastic on the ground and the damage to the front grille over the front number plate was probably old based on the picture (yellow highlighted).  
damage



Police Officer / Driver's Signature  
 Date: 16 May 2021.



Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: