

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	30/03/2021 10:37 (SGT)
Date of Accident	30/03/2021 08:00 (SGT)
Exact Location of Accident	Jln Tan Tock Seng, Singapore
Additional Location Information	ALONG JALAN TANK TOCK SENG & MOULMEIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH9200R
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHILLIP LEE TECK YEOW
NRIC No	SXXXX998J
Email Address	Phillipleety3m@gmail.com
Mobile Phone No	(Phone) +65-81131588
Alternative Phone No	(Office) +65-81131588

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01010025
Cover Note Number	18/07/2020 TO 17/07/2021

DRIVER

Name of Driver	PHILLIP LEE TECK YEOW
NRIC No	SXXXX998J

Date Of Birth	11/01/1969
Occupation	Indoor
Date Of Driving Pass	31/05/1993
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81131588
Alt. Phone Number	(Office) +65-81131588
Email Address	Phillipleety3m@gmail.com
Address	27 west coast park #03-02
Address complement	-
Postcode	127720
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
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)	1
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO IS WITH THE OWNER OWN WORK SHOP.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

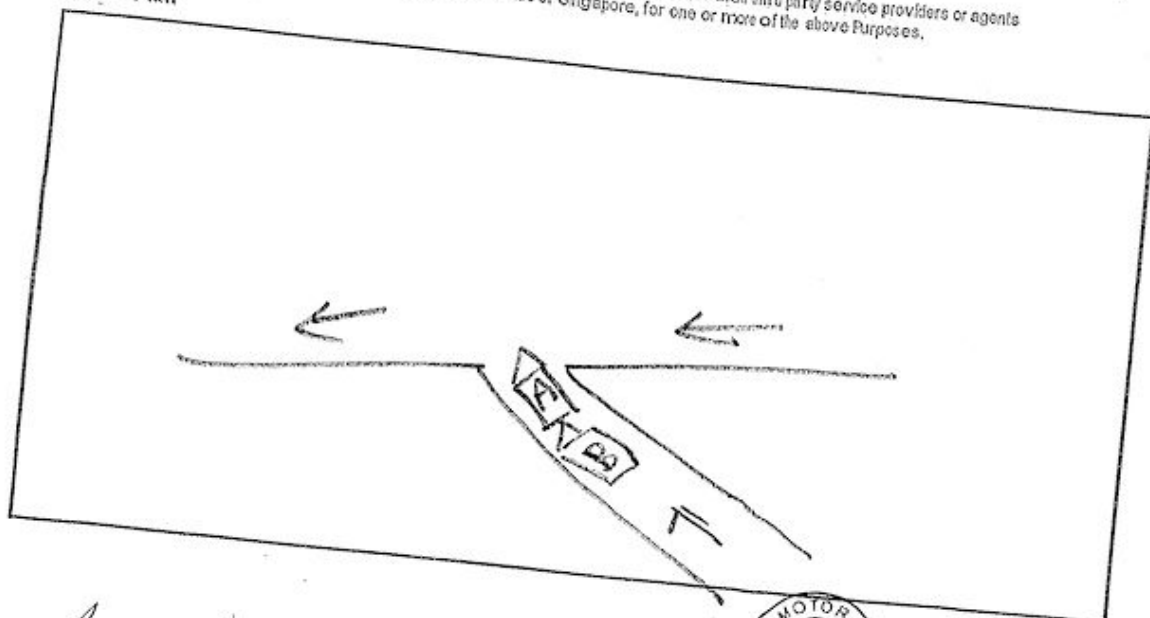
Vehicle Registration Number	SHF362D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

the accident to speed up the claims process.
Policyholder and/or the Authorised Driver.
truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
invalidate policy liability.
 of this Form by insurance companies is not an admission of policy liability on the part of the insurance
company may be referred to the Police for investigation.
 will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association
 (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
 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 be 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 be 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.

Sketch Plan



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

30/03/2021

ANIM MOTOR COMPANY

Date of accident: 30/03/2021 Time: 8am Location: Jalan Tan Tock Seng / main RD
 My Vehicle A: SDH 9200R Vehicle B: SHE 262D Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.

I came to a complete stop, giving way to traffic on main road.
 Taxi fail to stop and bang into the rear of my vehicle.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only


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



Witnessed by Reporting Centre Personnel


 30/03/2021
 AH LIM MOTOR COMPANY



