

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	30/12/2020 16:03 (SGT)
Date of Accident	29/12/2020 20:40 (SGT)
Exact Location of Accident	80 Mandai Lake Rd, River Safari, Singapore 729826
Additional Location Information	junction of Mandai Road & Mandai Lake Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ3600D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LYN JAMES
NRIC No	S1609933C
Email Address	LYN_JAMES@MOH.GOV.SG
Mobile Phone No	(Phone) +65-97306052
Alternative Phone No	(Home) +65-67669354

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D2OMTPV01006378
Cover Note Number	-

DRIVER

Name of Driver	LYN JAMES
NRIC No	S1609933C

Date Of Birth	03/06/1963
Occupation	Indoor
Date Of Driving Pass	21/04/1982
Driving experience	38 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97306052
Alt. Phone Number	(Home) +65-67669354
Email Address	LYN_JAMES@MOH.GOV.SG
Address	1 ELIZABETH DRIVE, #10-05 HILLVISTA
Address complement	-
Postcode	669743
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 - Cross Junction
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 statement and sketch

ATTACHMENT(S)

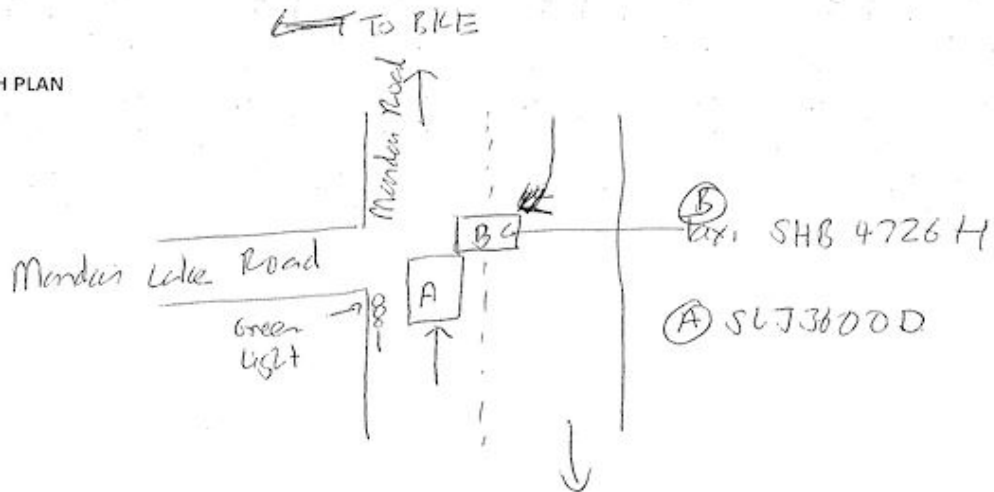
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4726H
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	SHAMSIRALAM BIN ABD BAKAR
NRIC No	S1660594H
Contact Number	(Phone) +65-97974252
Address	-

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29th December 2020 at about 10:40pm, I was driving along Mandai ~~Avenue~~ Road just as I was ~~was~~ passing the ~~was~~ junction at Mandai Lake ~~Avenue~~ Road, a yellow Comfort Delgro Taxi SHB 4726H was making a right turn from the opposite direction into Mandai Lake ~~Avenue~~ Road. The taxi was travelling along Mandai Road in the direction away from BKE. The taxi made the turn into Mandai Lake Road although ~~the~~ I had the right of way. My car and the taxi collided. The right side of my front bumper collided with the left side of the bumper of the taxi.

DECLARATION

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


Policyholder's Signature
Date & Time:

30/12/20
3:15pm


Driver's Signature
(If driver is not the policyholder)
Date & Time:

COMFOR...
383 SIN MING DRIVE
SINGAPORE 575717

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

SKETCH PLAN**IMPORTANT NOTICE**


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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.


Policyholder's Signature / Date &
Time 30/12/20

Sketch Plan


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

COMFORTDELGRO ENGINEERING PTE LTD
383 SIN MING DRIVE
SINGAPORE 575711

Witnessed by Reporting Centre
Personnel







