

# **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 witholding 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 15/04/2021 14:26 (SGT) Date of Accident 14/04/2021 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS KALLANG WAY Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SI 78371Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TAN JEANNE** NRIC No. SXXXX994C Email Address jeannetan74@gmail.com Mobile Phone No (Phone) +65-92967471 Alternative Phone No +65-92967471

#### VEHICLE PARTICULARS

Manufacturer

Model FIT 1.3 G-F CVT 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 1317

## **INSURANCE COMPANY**

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D20MTPV01014625 Cover Note Number 21/11/2020 TO 20/11/2021

## DRIVER

Name of Driver **TAN JEANNE** NRIC No. SXXXX994C

Date Of Birth 30/07/1974 Occupation Indoor Date Of Driving Pass 20/11/1993 Driving experience 27 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-92967471 Alt. Phone Number +65-92967471 Email Address jeannetan74@gmail.com Address 206 JALAN EUNOS #05-55 (S) 419547 Address complement Postcode Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 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) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. 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 FOOTAGE WITH INSURER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** S

Vehicle Registration Number	SMH6790S
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

### IMPORTANT NOTICE

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- 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.
- 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' 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.

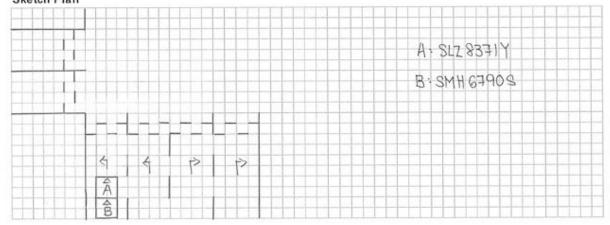
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' 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 Driver's Signa ure (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan



on 14.0	14. 2021	at about	17:30pm. I	Was	travel	ling	along	PIE	tow	ards	Kallang	Way
			traffic light									
			U		- 1				- 1		100	
7												
Declaration										IORKS.		
				1020					(5)	1	40	
VWe declare the	foregoing p	articulars are	true in every respec	ct.					(3)	1003 B	)	

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

CACcident report SK0L214F0004

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre

Personnel

































IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDEN	IDUM		
) PARTICULARS OF PERSON MAKING THE AMENDME	NTS:		
Original Report No: SK0L214F0004	Vehicle Registration No: SLZ8371Y		
Name (as shown in NRIC): TAN JEANNE	NRIC/FIN/Passport No: S7423994C	: S7423994C	
(*Vehicle Driver/Vehicle Owner) (*) Please delete a	s appropriate		
Address: 206 JALAN EUNOS #05-55 (S) 419547	Singapor	re (	
Contact (Tel):	Mobile No.: 92967471		
Email Address: JEANNETAN74@GMAIL.COM	_		
Date of Accident: 14/04/2021	Time of Accident: 1730hrs		
Place of Accident: PIE TOWARDS KALLANG WA	Y		
Insurance Company: SOMPO INSURANCE (S)	PTE LTD		
TAN JEANNE	yen		
Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signa Name: Kan Fook Sing Motor W NRIC/FIN No.: Date: 15/04/2021		

GIARMC Addendum Form