

# 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	05/06/2021 13:22 (SGT)
Date of Accident	04/06/2021 19:40 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	YIO CHU KANG ROAD NEAR MASJID AL-ISTIQAMAH MOSQUE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SME4287H

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHIEW KOK
NRIC No	SXXXX004F
Email Address	DROWSY_25@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98473401
Alternative Phone No	(Office) +65-98473401

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1999

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01007978
Cover Note Number	04/06/2021 TO 27/09/2022

### DRIVER

Name of Driver	LIM CHIEW KOK
NRIC No	SXXXX004F

Date Of Birth ..... 22/12/1975  
 Occupation ..... Indoor  
 Date Of Driving Pass ..... 30/12/2002  
 Driving experience ..... 18 YEARS AND 6 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-98473401  
 Alt. Phone Number ..... (Office) +65-98473401  
 Email Address ..... DROWSY\_25@YAHOO.COM.SG  
 Address ..... 471B FERNSVALE STREET #20-109  
 Address complement ..... -  
 Postcode ..... 792471  
 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 - Major/Minor Rd  
 Weather Conditions ..... DRIZZLING  
 Road Surface ..... Wet

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) ..... 3  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

PASSENGER 1

Name ..... CELIA LOH  
 Gender ..... Female

PASSENGER 2

Name ..... ALDEN LIM  
 Gender ..... Male

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  
 Was there any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SKT6822U  
 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)	-

Sampo  
Vehicle: SME 4287 H  
05/06/2021

**SKETCH PLAN**

**IMPORTANT NOTICE**

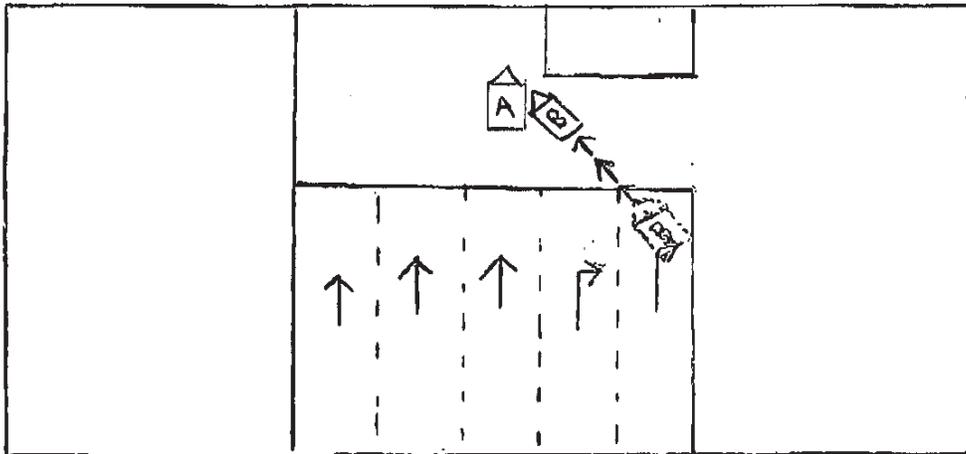
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available elsewhere.

**8. Consent under the Personal Data Protection Act (PDPA)**

I/We do/and, 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 part of information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to a) Insurer(s) who have insured vehicle(s) involved in this accident (if Insurer(s) to be have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyer/s law firm, 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 values on the external cover of enveloped/postal packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
- (b) Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/s law firm, 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/s law firm), which may be based outside of Singapore, for one or more of the above Purposes.

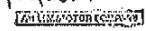
**Sketch Plan**



  
 Policyholder's Signature / Date & Time

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

  
 Witness Reporting Centre Personnel  
 05/06/2021



Date of accident: 04 JUNE 21 Time: 7.40 PM Location: YIO CHU KANG RD  
My Vehicle A: JME 4287H Vehicle B: SK7 6822 U Vehicle C: -

SKETCH PLAN

Describe Circumstances of the Accident.

While driving along Yio Chu Kang Road, my vehicle was driving straight in my own lane, while the vehicle B suddenly cut into my lane and bang into the rear right of my vehicle. I wish to highlight that vehicle B supposed to turn right but changed his mind at the last minute and cut into my lane against the traffic direction.

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

- Claim OD/IP at Ah Lim Motor
- Claim OD/IP 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  
05/06/2021