

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	21/06/2021 19:13 (SGT)
Date of Accident	20/06/2021 10:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI (AFTER TOA PAYOH)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR6423A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG WEI BOON
NRIC No	SXXXX856E
Email Address	wongwei boon@yahoo.com
Mobile Phone No	(Phone) +65-94554970
Alternative Phone No	+65-94554970

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	2000

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01005540
Cover Note Number	25/4/21 TO 24/4/2022

DRIVER

Name of Driver	CHEONG LOONG MIN
NRIC No	SXXXX914I

Date Of Birth	13/09/1951
Occupation	Indoor
Date Of Driving Pass	03/08/1972
Driving experience	48 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90059238
Alt. Phone Number	-
Email Address	wongweiboon@yahoo.com
Address	11 HOLLAND LINK, 01-53
Address complement	-
Postcode	275764
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 STATEMENT ATTACH

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	SDU7338Y
Vehicle Manufacturer	Subaru
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	XAVIER GOH JOONG TECK
NRIC No	SXXXX703C
Contact Number	(Phone) +65-93896868
Address	-


Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT RIGHT
No. Of Passenger (Including Driver)	3


SKETCH PLAN


1. VEHICLE NO.: SMR 6423A
 2. INSURER CO.: Sompo Ins
 3. ACCIDENT DATE & TIME: 20/6/21 @ 10:25 am

IMPORTANT NOTICE

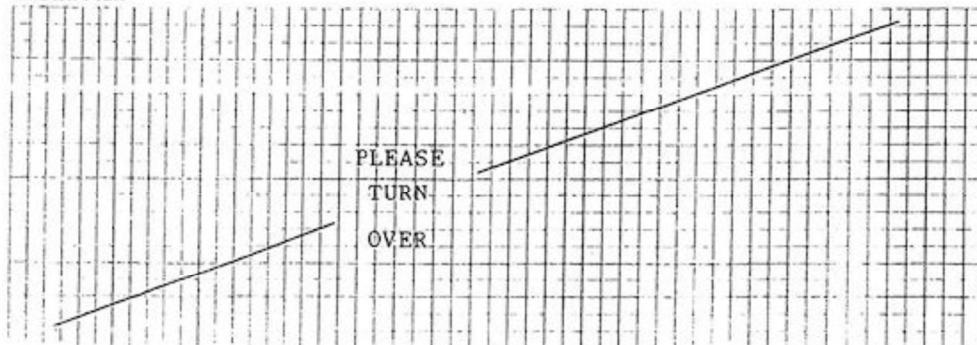
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8. **Consent under the Personal Data Protection Act (PDPA)**
 I understand, acknowledge, agree and consent that :
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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 20/6/21

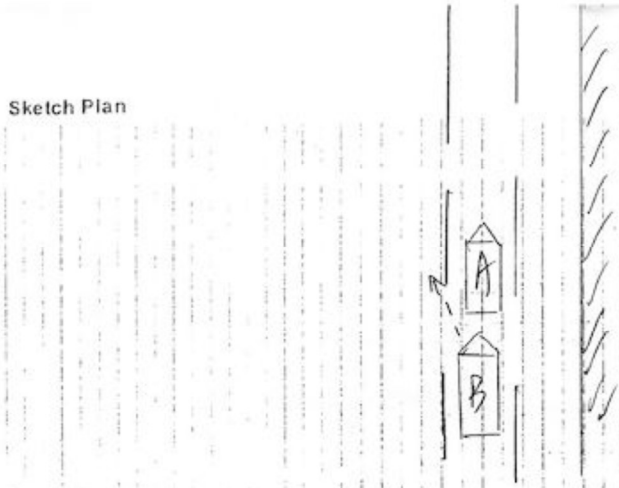

 Driver's Signature (if driver is not the policyholder) / Date & Time

 20/6/21
 Witnessed by Reporting Centre Personnel YS

Sketch Plan



Sketch Plan



A: SMR 6423A
 B: SDU7338Y
 XAVIER GOR JOONG TECK
 S9938703C
 HP: 9389 6868 (Lady's Pump)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 20/6/21 @ 10-25 am along P17
 Towards Changi (after Tan Poyoh). Upon notice vehicles
 in front ~~were~~ brake and came to stop. I follow
 likewise. Next, a great impact from my rear.
 Upon slight to check, I realise m/car S 473389
 behind couldn't brake in time and trying to swerve
 out to the left but fail and causing it front
 right collide onto the rear left of my vehicle.
 I was alone. No one was injured.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
 Date & Time: 20/6/21

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 20/6/21

Reporting Centre Personnel's Signature
 Name: 20/6/21
 NRIC/FIN No.: 15

() Claim Own Policy () Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop ()