

# 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 .....	02/07/2021 17:21 (SGT)
Date of Accident .....	01/07/2021 19:35 (SGT)
Exact Location of Accident .....	97 W Coast Dr, Singapore 128019
Additional Location Information .....	Hundred Trees Carpark Exit Near Guard House
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKQ4084L
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DNP SINGAPORE PTE. LTD.
Company Reg No .....	199006182Z
Email Address .....	daikuhara-s@dnpg.com
Mobile Phone No .....	(Phone) +65-64697611
Alternative Phone No .....	(Office) +65-64697611

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	5
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? .....	Yes
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 .....	D20MTPV01003362
Cover Note Number .....	-

### DRIVER

Name of Driver .....	DAIKUHARA SEIJI
Passport No/FIN .....	G3290697X

Date Of Birth .....	09/01/1987
Occupation .....	Indoor
Date Of Driving Pass .....	27/12/2016
Driving experience .....	4 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97227442
Alt. Phone Number .....	-
Email Address .....	daikuhara-s@dnp-g.com
Address .....	85 West Coast Drive
Address complement .....	07-11
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle 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? .....	Yes
Police Station Name .....	Clementi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008729999
Alt. Police Station Phone No .....	(Fax) +65-68728039
Police Station Address .....	No. Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHMENT

#### 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 .....	GBJ8641X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	LOUIS TAN
NRIC No .....	S9342228G
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	Driver
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBJ8641X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

## 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. 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.
7. By the lodgment 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' 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

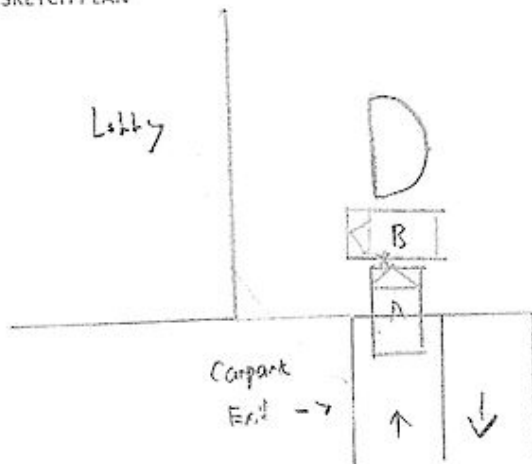
  
 Policyholder's Signature  
 Date & Time:  
 2/7/2021



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

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

SKETCH PLAN



A - SK04084L

B - G8J 86411

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Please refer to police report -

\*\*You had been advised by the workshop in the case that you wish to claim against own policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

2/7/2021



*[Signature]*

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



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

























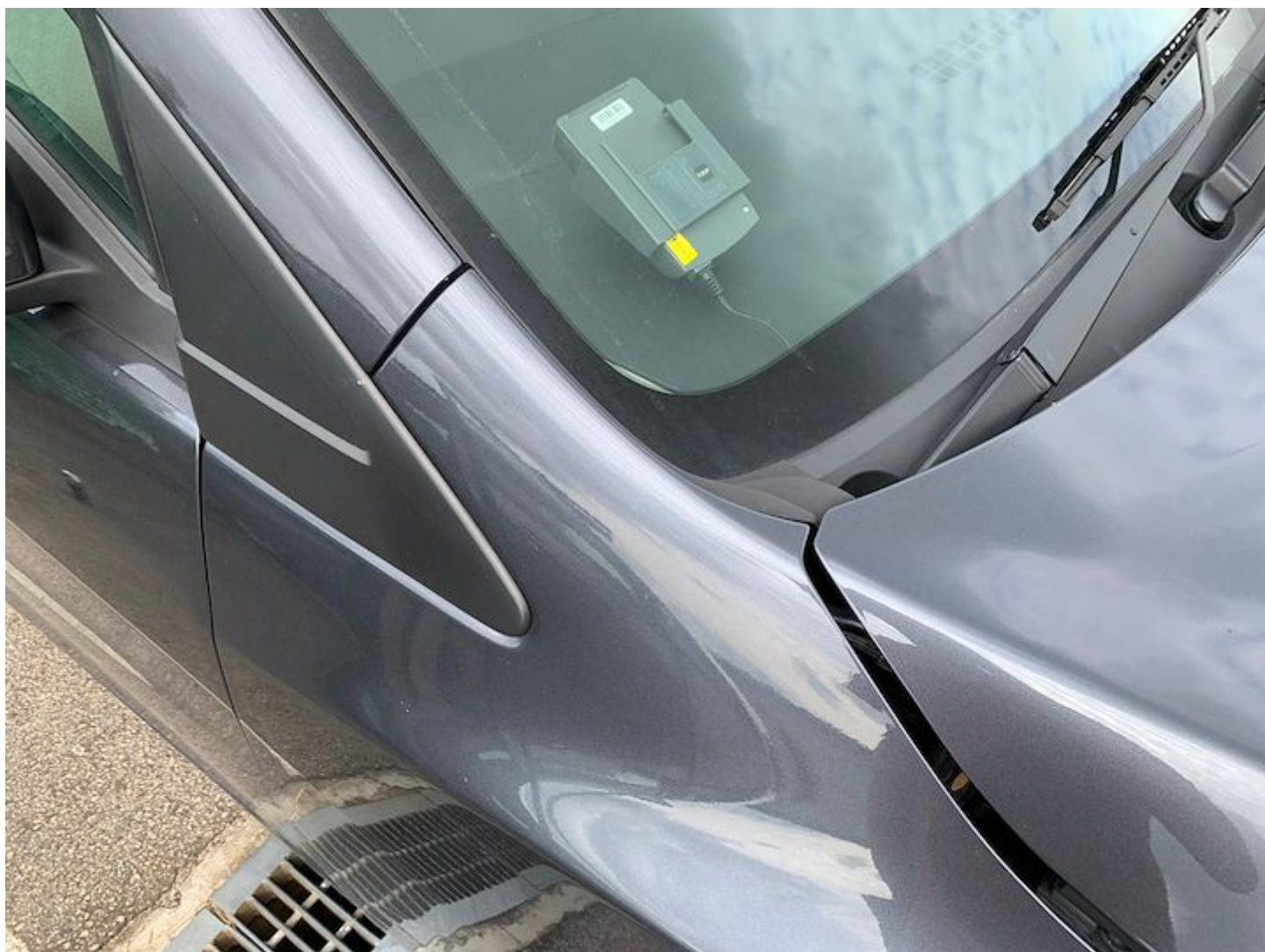


















**SINGAPORE  
POLICE FORCE**



D/20210701/2071

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20210701/2071

Police Station Of Origin  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

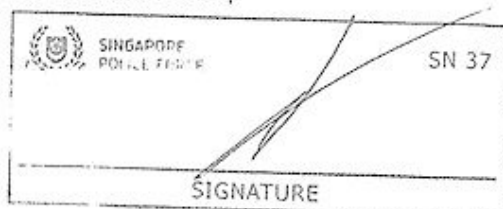
Date/Time Report Made 01/07/2021 22:07	Vide Report No. D/20210701/0116	Station Diary No. 113
Name Of Informant DAIKUHARA SEIJI	Address APT BLK 85 WEST COAST DRIVE #07-11 HUNDRED TREES SINGAPORE 128001	
ID Type / ID No. FIN NO / G3290697X	Contact No. Home/Office Mobile 97227442	
Nationality JAPANESE	Email Address	
Occupation Sales Person	Sex Male	Age 34
Institution/School Name	Date of Birth 09/01/1987	Race Japanese
Date/Time Of Incident 01/07/2021 19:35 - 01/07/2021 19:35	Location Of Incident 81 WEST COAST DRIVE HUNDRED TREES SINGAPORE 127997 near the Guard House	

**Brief details.**

On 01/07/2021 at about 7.35pm, while I was driving my vehicle of Reg No. SKQ4084L and was leaving my condominium, I was involved in a road traffic accident with another vehicle of Reg No. GBJ8641X who was driving into the condominium.

2. The accident site was inside Hundreds Trees Condominium located at 81 West Coast Drive.

Signature Of Officer Recording The Report: D / SI LOH WEE CHOON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/07/2021 22:07
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sr Staff Sgt MUHAMMAD ASRI BIN AHMAD BASRI Contact No.: 67740000	Classification Of Case:

**Authentication Stamp**





**SINGAPORE  
POLICE FORCE**



D/20210701/2071

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210701/2071

somewhere near to the Guard House. After the accident occurred, both the drivers alighted the vehicles and exchanged the particulars and also took photos of the accident vehicles.

3. After which, police and ambulance came down and the other driver was thereafter conveyed to an unknown hospital.

4. There is no foul play in the road traffic accident and I am making this police report vide the incident number D/20210701/0116 for record purpose before I report it to my vehicles' insurance company.

Signature Of Officer Recording The Report: D / SI LOH WEE CHOON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/07/2021 22:07
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sr Staff Sgt MUHAMMAD ASRI BIN AHMAD BASRI Contact No.: 67740000	Classification Of Case:
Authentication Stamp  SIGNATURE	