

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 24/08/2021 17:34 (SGT)
Date of Accident 23/08/2021 12:40 (SGT)
Exact Location of Accident Scotts Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ8564X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEONG SENG TAT
NRIC No SXXXX740F
Email Address eyllell250584@gmail.com
Mobile Phone No (Phone) +65-81338700
Alternative Phone No +65-81338700

VEHICLE PARTICULARS

Manufacturer Nissan
Model X-trail
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1997

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MTPV01013280
Cover Note Number -

DRIVER

Name of Driver YIP LAY LING (YE LILING)
NRIC No SXXXX737F

Date Of Birth	25/05/1984
Occupation	Outdoor
Date Of Driving Pass	28/01/2011
Driving experience	10 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81338700
Alt. Phone Number	-
Email Address	eylleyll250584@gmail.com
Address	BLK 15 GHIM MOH ROAD #04-31
Address complement	-
Postcode	270015
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Side Swipe
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 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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20210823/7045

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	GBK4663D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

24/8/21 4pm

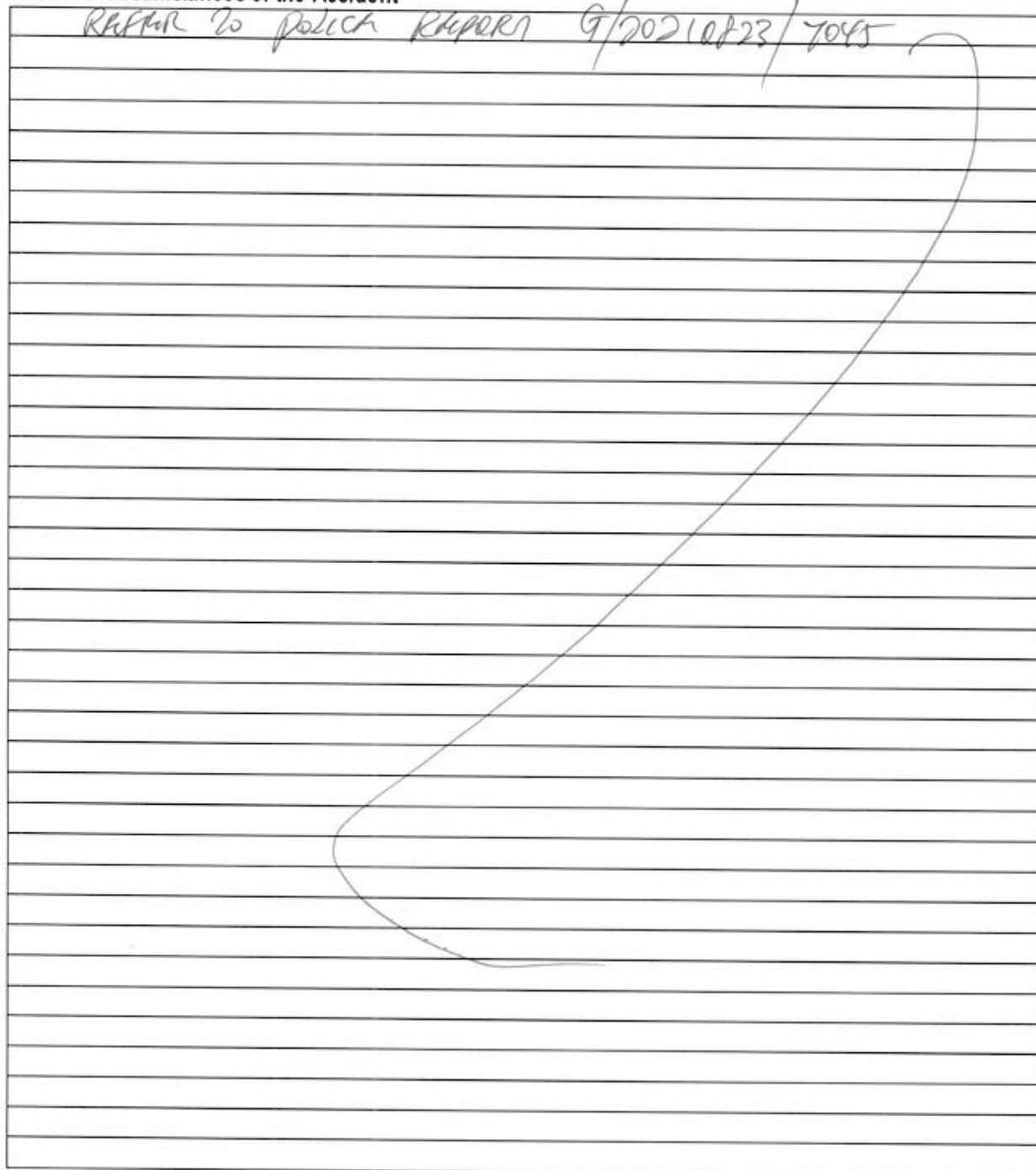
SCOTT ROAD

A) SMZ 8564X

B) GFK 4663D

Describe Circumstances of the Accident

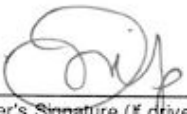
REFER TO POLICE REPORT 9/20210823/7085




Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 24/8/21 4pm.

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

 24/8/2021

Witnessed by Reporting Centre Personnel



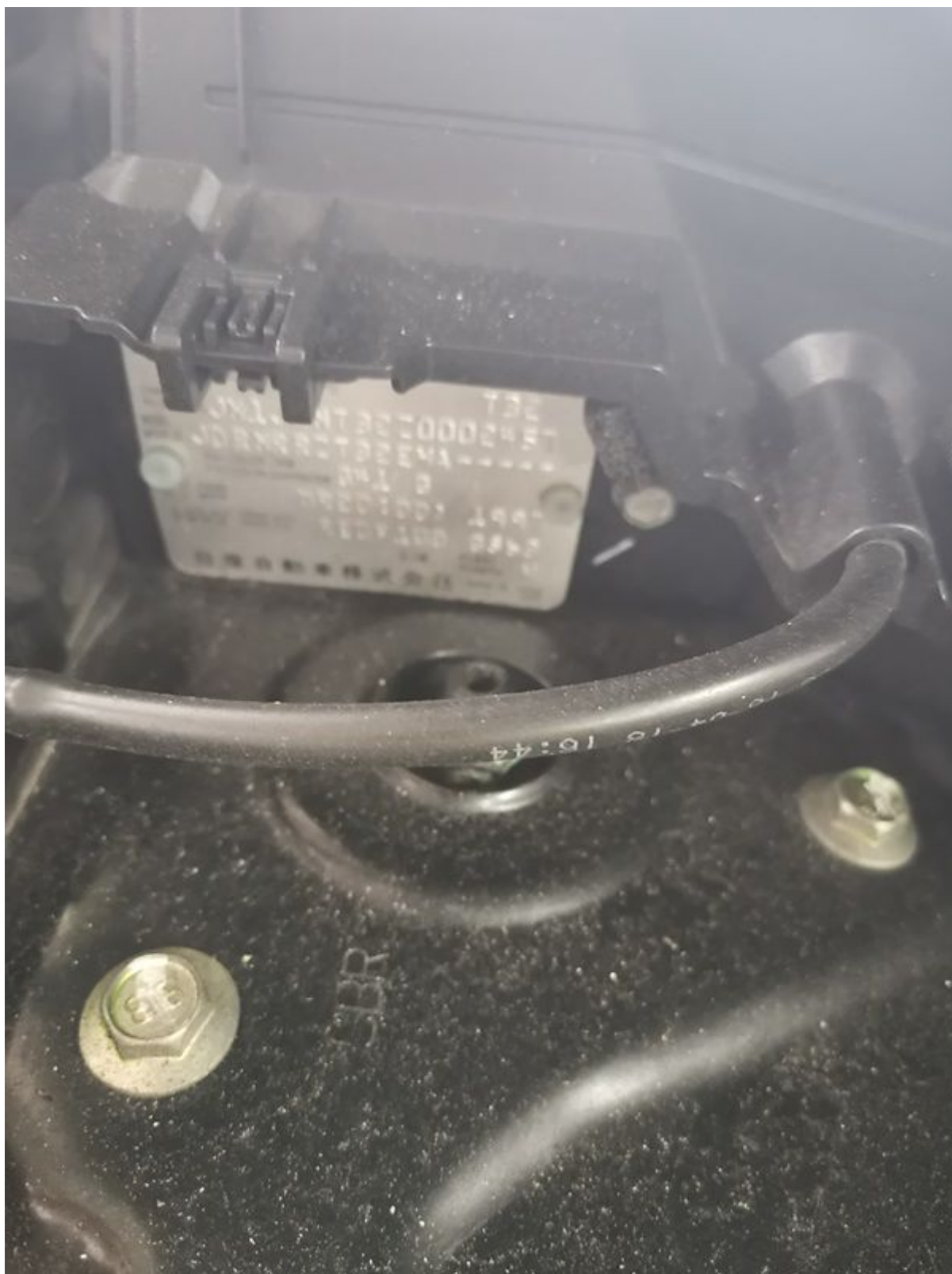














**SINGAPORE
POLICE FORCE**



G/20210823/7045

1 of 1

POLICE REPORT (NP299)

Report No. G/20210823/7045

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 23/08/2021 15:29	Video Report No.	Station Diary No.
Name Of Informant YIP LAY LING	Address 15 GHIM MOH ROAD #04-31 SINGAPORE 270015	
ID Type / ID No. NRIC NO / S8415737F	Contact No. Home/Office: Mobile: 81338700	
Nationality SINGAPORE CITIZEN	Email Address eylleyll250584@gmail.com	
Occupation Transport operations manager	Sex Female	Age 37
Institution/School Name	Date of Birth 25/05/1984	Race Chinese
Date/Time Of Incident 23/08/2021 12:20 - 23/08/2021 12:20	Location Of Incident along scotts road	

Brief details.

i was on the first lane trying to move to second lane. i signalled and checked my rear and side mirror that it was clear before i proceeded. i heard a collision sound, hit brake and saw a white van beside my car. i saw that only my left side mirror was slightly folded in. i did not hear scraping of car sound, and thought it was superficial, that it did not require me getting out of car to exchange contact information with other vehicle driver. i continued to move off in the second lane. i did check the rear mirror and noticed the white van behind me. he did not honk or high beam me to get my attention to stop the car.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/08/2021 15:29
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	