

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 30/08/2021 17:35 (SGT)
Date of Accident 29/08/2021 12:59 (SGT)
Exact Location of Accident Woodsvale Condo, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS4552Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VIKNESVARAN S/O SUBRAMANIAM
NRIC No SXXXX215J
Email Address viknes23debra25@gmail.com
Mobile Phone No (Phone) +65-88584638
Alternative Phone No +65-88584638

VEHICLE PARTICULARS

Manufacturer Honda
Model Forza 300
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 Motorcycle
Transmission Auto
CC 300

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTMC01002788
Cover Note Number -

DRIVER

Name of Driver VIKNESVARAN S/O SUBRAMANIAM
NRIC No SXXXX215J

Date Of Birth	23/08/1982
Occupation	Indoor
Date Of Driving Pass	03/07/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88584638
Alt. Phone Number	+65-88584638
Email Address	viknes23debra25@gmail.com
Address	11 WOODLANDS DRIVE 72 #05-34
Address complement	-
Postcode	738094
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 - Head to Rear
Weather Conditions	Raining
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE 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	SMM8177Z
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO CHUAN SEN
NRIC No	SXXXX679F
Contact Number	(Phone) +65-88772082
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	VIKNESVARAN S/O SUBRAMANIAM
Gender	Male
Phone No	(Phone) +65-88584638
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS4552Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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' 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")

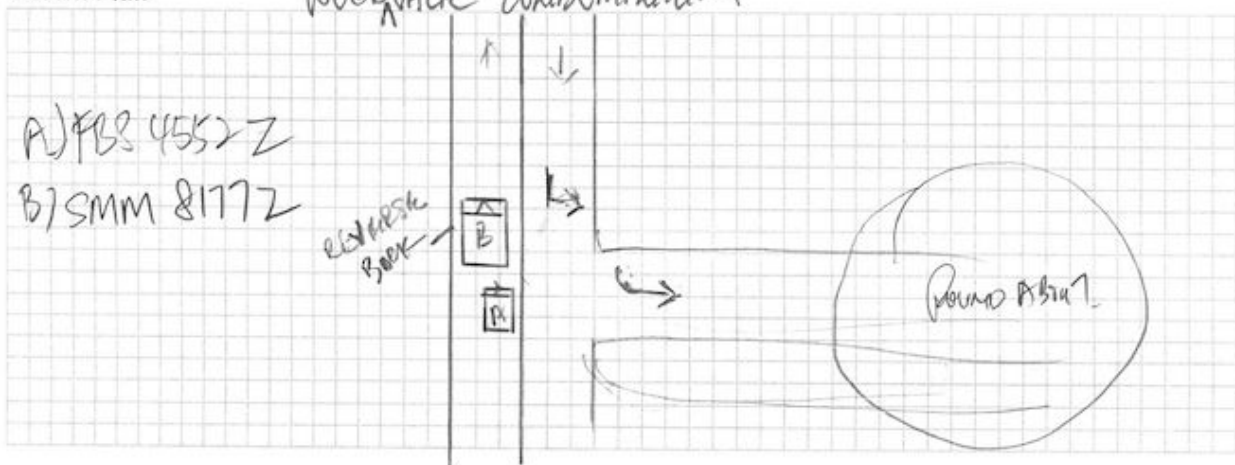
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

✓ 30/08/21 15:40hrs
Policyholder's Signature / Date & Time

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

30/08/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

DATE : 29 AUG 2021 (SUNDAY) TIME : 1259 HRS
LOCATION : WOODSVALE CONDO - INSIDE WOODSVALE CONDO

AS I ENTERED INTO WOODSVALE CONDO TO ENTER TO THE CAR PARK, THERE WAS A VEHICLE (SMM 8177Z) IN FRONT OF ME HEADING TOWARDS THE CAR PARK, THE VEHICLE SMM 8177Z STOPS BEFORE THE ZEBRA CROSSING AND I STOPPED MY VEHICLE (FBS 4552Z) BEHIND HIM. I SAW & NOTICED NO ONE WAS CROSSING AND SOUNDED MY HORN TO ALERT THE DRIVER, THE DRIVER ALL OF A SUDDEN THEN REVERSE HIS VEHICLE AND KNOCKED INTO MY VEHICLE AND I FELL OFF MY BIKE. DRIVER THEN CAME OUT OF HIS VEHICLE AND QUICKLY APOLOGISED TO ME AND HELP TO LIFT MY BIKE UP. WOODSVALE CONDO SECURITY OFFICER ALSO CAME AND TOOK PICTURES OF THE INCIDENT & TOOK DETAILS OF OUR PARTICULARS. DRIVER SAID HE WILL TAKE THE COST OF THE DAMAGES AND WE EXCHANGE OUR INFORMATIONS. MY VEHICLE HAD FRONT SIDE COVER, FENDER, FRONT BRAKE LEVEL, SIDE PANEL'S UPPER DAMAGE, TOOK PICTURES AND SUBMIT VIDEO FOOTAGE TO THE DRIVER.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel















