

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	20/09/2021 17:37 (SGT)
Date of Accident	18/09/2021 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER BT TIMAH RD, U-TURN BEFORE WOODLANDS RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3994P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KWH MARKETING PTE LTD
Company Reg No	199401636E
Email Address	TYH@KWHMPL.COM.SG
Mobile Phone No	(Phone) +65-94359319
Alternative Phone No	(Office) +65-62662565

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01008654
Cover Note Number	-

DRIVER

Name of Driver	TAN YEW HUI
NRIC No	S7726258Z

Date Of Birth	11/09/1977
Occupation	Indoor
Date Of Driving Pass	19/12/1997
Driving experience	23 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94359319
Alt. Phone Number	-
Email Address	TYH@KWHMPL.COM.SG
Address	101 HAZEL PARK TERRACE
Address complement	-
Postcode	678934
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 - 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 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

REFER TO ATTACHED.

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	SML5521M
Vehicle Manufacturer	Hyundai
Vehicle Model	KONA
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN SOO CHER
NRIC No	S1409261G
Contact Number	(Phone) +65-97489383
Address	-

Address complement	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Insurance Company Name	<input type="text"/>	<input type="text"/>
Nature Of Damage	<input type="text"/>	<input type="text"/>
Details of property damaged in accident	<input type="text"/>	<input type="text"/>
No. Of Passenger (Including Driver)	<input type="text"/>	<input type="text"/>

SKETCH PLAN

IMPORTANT NOTICE

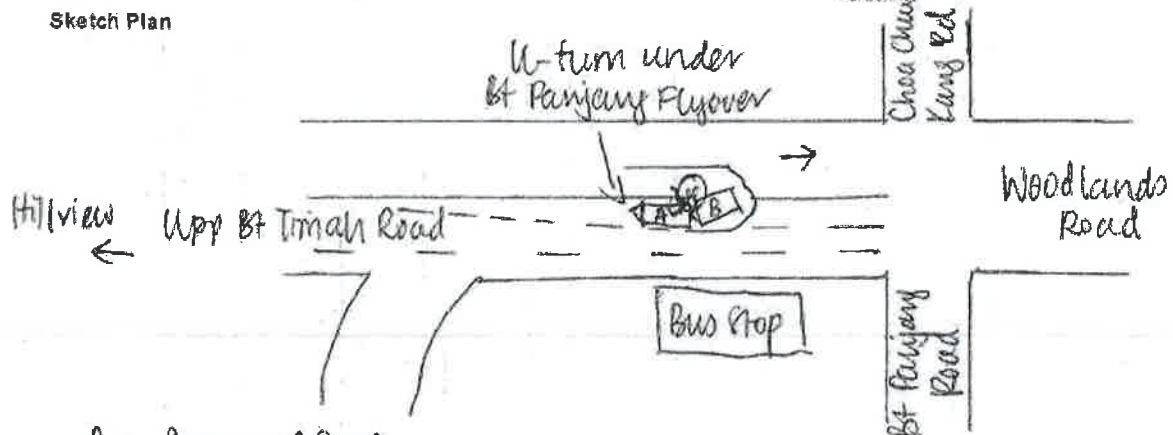
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 7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, 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' 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.

4:30pm
20/09/2021
Policyholder's Signature / Date & Time

[Signature] 20/09/2021, 4:30pm
Driver's Signature (If driver is not the policyholder) / Date & Time

[Stamp: WITNESSED BY REPORTING CENTRE PERSONNEL]
Witnessed by Reporting Centre Personnel

Sketch Plan



A: 8mm 3994P

B: ~~8mm 5512M~~ 8mm 5521M

Describe Circumstances of the Accident

On 18 Sep 2021, est. 11:40am, my vehicle (8mm3994P) was under the Bt Panjang Flyover, at the U-turn waiting to turn out to the main road of Upper Bukit Timah Road.

I moved slightly forward within the filter lane / received area while waiting for oncoming traffic to clear. The car behind, 8NL5521M, hit my car at the rear.

As our vehicles were blocking the U-turn exit, we moved to Petir Road, next to LRT station, before we stepped out to assess the damage and exchange details.

**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

We declare the foregoing particulars are true in every respect.

4:30pm
20/09/2021
Policyholder's Signature / Date & Time

20/09/2021, 4:30pm
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel









