

## 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 Authorized Owner**.
3. Information provided must be as truthful and accurate as possible. Any willful 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 QIA 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 abroad.

### ACCIDENT STATEMENT

Date of Submission	22/07/2021 20:18 (SGT)
Date of Accident	21/07/2021 15:30 (SGT)
Exact Location of Accident	Near 362 Dunearn Rd, Singapore 299553
Additional Location Information	DUNEARN ROAD BEFORE HILLCREST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8290L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ETHOZ GROUP LTD
Company Reg No	1300000531H
Email Address	jackson.teo@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	(Office) +65-66547777

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV200
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	Commercial vehicle
Transmission	Manual
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D21MTHCVE000055
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD ASYIK BIN SALIM
NRIC No	SXXXX465F

Date Of Birth	23/09/1988
Occupation	Outdoor
Date Of Driving Pass	02/04/2015
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87671797
Alt. Phone Number	-
Email Address	Asyiksuzianna@gmail.com
Address	BLK 934 JURONG WEST ST 91 #06-3019
Address complement	-
Postcode	S(640934)
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

KINDLY REFER TO SKETCH PLAN.

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	FBG9775C
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SUGANTHIRAN A/L M
Contact Number	-
Address	-
Address complement	-

istcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	Lexus
Vehicle Model	.
Vehicle Variant	.
Vehicle Colour	Black
Vehicle Category	Private car
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)	.

### INJURED PERSONS DETAILS

INJURED :	
Name of injured person	SUGANTHIRAN A.L M
Address	.
Address Complement	.
Post Code	.
Approximate Age Years Old	.
Injuries Sustained	.
Injured person in which vehicle?	F802775C
Were seat belts worn?	.
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

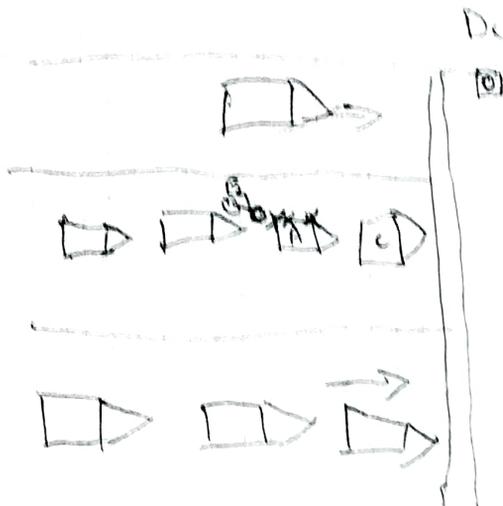


\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



- c - unknown LEXUS.
- R - Red light
- X - Point of contact
- A - Own (GBC 8240L)
- B - 3rd party M/Bike (FBG 9775C)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 21/7/2021 @ 1530hrs, I was Stationary at a red light along Dunearn RD before Hillcrest Ave when suddenly I heard a loud bang to my vehicle. When I looked to my left I saw a rider was flung off his motorbike (FBG 9775C) and both bike and rider fell in front of my vehicle 45° to the left. Upon checking the vehicle, I noticed there were scratches and peeling of paint on my rear left door, left side of body and my side mirror came loose due to the rider hitting onto my left side mirror. there is also a cracked to my left rear tail light. Subsequently, the M/Bike also hit a black LEXUS in front of me.

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

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input checked="" type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/7/2021

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



**SINGAPORE  
POLICE FORCE**



E/20210723/7032

1 of 2

**POLICE REPORT (NP299)**

Report No E/20210723/7032

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
226892  
Tel No 1800-3910000

Date/Time Report Made 23/07/2021 20:18	Vide Report No.	Station Diary No
Name Of Informant MUHAMMAD ASYIK BIN SALIM	Address 934 JURONG WEST STREET 91 #06-319 SINGAPORE 640934	
ID Type / ID No. NRIC NO / S8835465F	Contact No. Home/Office	Mobile 87671797
Nationality SINGAPORE CITIZEN	Email Address asyiksuzianna@gmail.com	
Occupation Despatch worker	Sex Male	Age 32
Institution/School Name	Date of Birth 23/09/1988	Race Malay
Date/Time Of Incident 21/07/2021 15:30 - 21/07/2021 15:45	Location Of Incident DUNEARN ROAD	

Brief details.

I was driving a van Gbc8290L and i was in a stationary position and also the 2nd vehicle on the 2nd lane and it was a red light. Suddenly i heard a loud bang to the left of my vehicle. I looked to my left and i saw a rider flung off his motorbike , hitting my van and landed 45 degrees in front of my van and hitting a black lexus suv in front of my van. I stepped out to assist rider and checked my van. I noticed rider had minor cuts on his hands.

Upon checking my van, i noticed my rear left door had paint chipped off and minor dents. My left rear tail

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: 23/07/2021 20:18
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6724 0010 Fax (65) 6724 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S66550020G / GST Reg. No. M499017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SE00217M0005 Vehicle Registration No: GBC8290L  
 Name (as shown in NRIC) : ETHOZ GROUP LTD NRIC/FIN/Passport No : 1XXXXX531H  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : 66547777 Mobile No.: \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 21/07/2021 Time of Accident : 21/07/2021 15:30  
 Place of Accident : DUNEAR ROAD BEFORE HILLCREST  
 Insurance Company: Sompo Insurance Singapore Pte. Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) Amend on was the accident reported to the police from No to Yes & add in police report & add in police report.

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Policyholder / Driver's Signature  
 Date:

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