

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 22/10/2021 16:55 (SGT)
Date of Accident 11/10/2021 13:10 (SGT)
Exact Location of Accident Rochor Rd, Singapore
Additional Location Information JUNCTION WITH NORTH BRIDGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN9274Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KAI XIANG HUAT PTE. LTD.
Company Reg No 2XXXXX358M
Email Address as.raj1411@gmail.com
Mobile Phone No (Phone) +65-91772666
Alternative Phone No +65-91772666

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPCVE002113
Cover Note Number -

DRIVER

Name of Driver AYYAPPAN MOHANRAJ
Passport No/FIN GXXXX748U

Date Of Birth	13/06/1993
Occupation	Outdoor
Date Of Driving Pass	05/02/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91772666
Alt. Phone Number	-
Email Address	as.raj1411@gmail.com
Address	BLK 703 WEST COAST ROAD #09-389
Address complement	-
Postcode	120703
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

PLEASE 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	SLJ8781G
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ERIC
Contact Number	(Phone) +65-87528781
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**

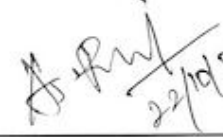
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8. **Consent under the Personal Data Protection Act (PDPA)**

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' 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.

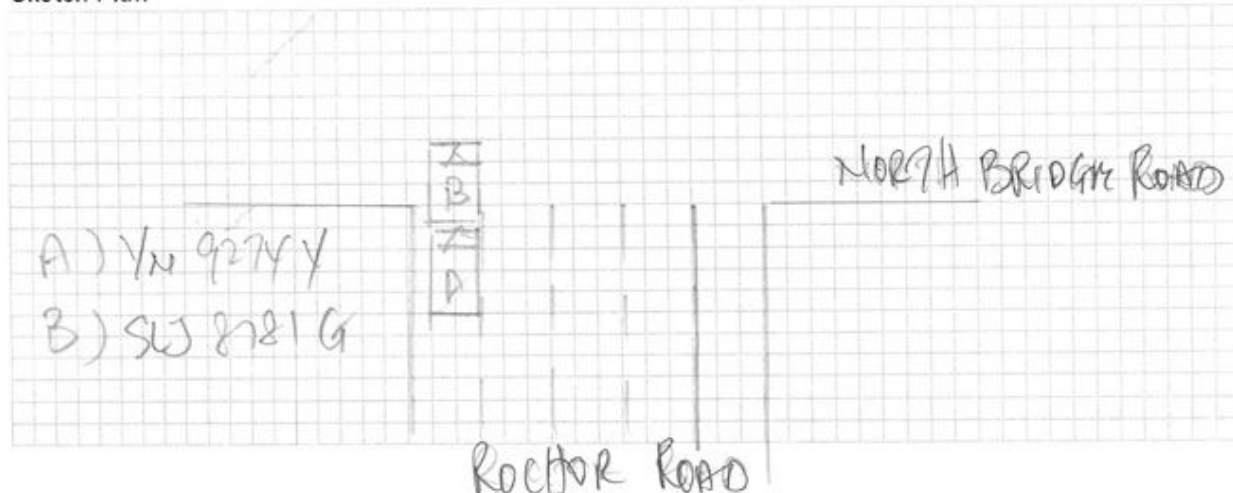
Policyholder's Signature / Date & Time

 22/10/21

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

 22/10/2021

Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

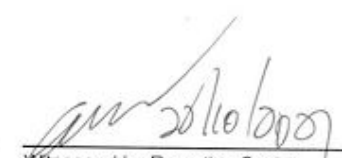
ON 11/10/2021 AT ABOUT 13:10 HRS I WAS AT BOCTOR ROAD
JUNCTION OF NORTH BRIDGE ROAD. WHEN THE RED LIGHT CHANGED
TO GREEN CAR A STARTS TO MOVE I FOLLOW BUT I
MOVE TO FAST & BUMP INTO THE REAR OF THE CAR
(A)

Declaration

We declare the foregoing particulars are true in every respect.

 
Policyholder's Signature / Date &
Time

 22/10/21
Driver's Signature (If driver is not the policyholder) / Date
& Time

 22/10/2021
Witnessed by Reporting Centre
Personnel























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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921AM0005 Vehicle Registration No: YX 9274Y
 Name (as shown in NRIC): AYYAPPAW MOTILAKK NRIC/FIN/Passport No: GXXXX7484
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91772666
 Email Address: _____
 Date of Accident: 11/10/2021 Time of Accident: 13:10
 Place of Accident: ROCKHILL ROAD JUNCTION NTH NORTH BRIDGE ROAD
 Insurance Company: Sompo

(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:

POLICY NUMBER TO D21M7PCN2002113

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Reza
NRIC/FIN No: 123456789
Date: