

# 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	28/12/2021 15:19 (SGT)
Date of Accident	27/12/2021 16:08 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PATERSON RD FILTERING TO ORCHARD BLVD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ1799C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	AL BALAA CLAUDIA GEB LIEDTKE
NRIC No	S2708643H
Email Address	CLAUDIA.ALBALAA@GMAIL.COM
Mobile Phone No	(Phone) +65-98187289
Alternative Phone No	(Home) +65-98187289

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	250
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1991

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01015092
Cover Note Number	-

### DRIVER

Name of Driver	AL BALAA CLAUDIA GEB LIEDTKE
NRIC No	S2708643H

Date Of Birth	12/07/1962
Occupation	Indoor
Date Of Driving Pass	04/10/2001
Driving experience	20 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98187289
Alt. Phone Number	(Home) +65-98187289
Email Address	CLAUDIA.ALBALAA@GMAIL.COM
Address	BLK 807 WOODLANDS STREET 81 #10-209 S 730807
Address complement	-
Postcode	-
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	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 STATEMENT 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	SMQ4975S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Describe Circumstances of the Accident

On 27/12/2021 at around 1608hr, I was travelling along Paterson Rd filtering to Orchard Blvd. There was another vehicle B (SMA 49755) in front of my car and both cars were stationary while checking for oncoming traffic before filtering. As the traffic was clear for my car to move forward, I accelerated and accidentally hit into the right side of car B which was still stationary. No one was injured in the accident.

Declaration

I/we declare the foregoing particulars are true in every respect

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

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

[Signature]  
Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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.

(a) investigating the accident and/or my claims.

(a) 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.

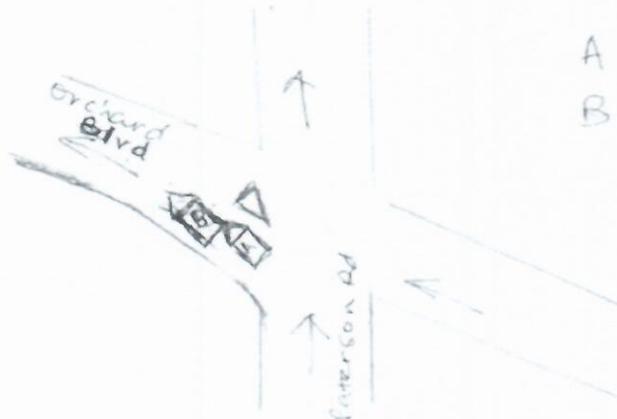
Policyholder's Signature / Date & Time

*[Signature]*  
Driver's Signature (If driver is not the policyholder) / Date & Time  
28/12/2021  
1205hrs

Witnessed by Reporting Centre Personnel

*[Signature]*

Sketch Plan



A SKQ1799C  
B SMQ49755