

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	08/01/2022 15:18 (SGT)
Date of Accident	07/01/2022 20:30 (SGT)
Exact Location of Accident	Commonwealth Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND347M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MANPREET SING TOOR S/O JAGRAJ SINGH
NRIC No	S8833465E
Email Address	MANPREET.S.TOOR@LIVE.COM
Mobile Phone No	(Phone) +65-86667500
Alternative Phone No	+65-86667500

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
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	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01015054
Cover Note Number	-

DRIVER

Name of Driver	MANPREET SING TOOR S/O JAGRAJ SINGH
NRIC No	S8833465E

Date Of Birth	08/09/1988
Occupation	Indoor
Date Of Driving Pass	19/09/2007
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86667500
Alt. Phone Number	+65-86667500
Email Address	MANPREET.S.TOOR@LIVE.COM
Address	BLK 53 COMMONWEALTH DR #32-558
Address complement	-
Postcode	142053
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 - Change/cross lane
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

I WAS TRAVELLING ALONG COMMONWEALTH DR, HEADING TO MY SHOP AT VIVA VISTA WHEN GBC3745A DID A U-TURN 3 POINT FROM OPPOSITE DIRECTION AND HIT ME. THIS HAPPENED AT 20.30 HRS. OUTSIDE MUNEESWARAN TEMPLE, DATE WAS 7th JANUARY 2022.

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	GBC3745A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 1

Name of injured person MANPREET SINGH TOOR S/O JAGRAJ SINGH
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

IMPORTANT NOTICE

- 1. You must 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. If you give a false report, it is **truthful and accurate as possible**. Any willful misrepresentation will be treated as fraud and the Insurers will have the right to **repudiate policy liability**.
- 4. The Insurers and acceptance of this form by insurance companies is not an admission of policy liability on the part of the Insurers or the Insured.
- 5. **Any false reporting may be referred to the Police for investigation**.
- 6. This report will be forwarded by the Insurers to the GIA Records Management Centre established by the Insurers. All details will be available to the appropriate Police authorities and that copies of this report will be made available to the relevant authorities.
- 7. By the completion of this report to the Insurers, you hereby consent to the **archiving** of this report at the Insurers' premises and the Insurers' records will be available to the relevant authorities.
- 8. **Consent under the Personal Data Protection Act (PDPA)**
I understand and acknowledge, agree and consent that:
 - (a) My Insurers, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to use, disclose and transfer my personal information set out in this [form] and any other personal information provided by me or by my Insurers to include the **Personal Information** and disclose and transfer such Personal Information to all Insurers who have insured vehicles involved in this accident (all Insurers) who have insured vehicles involved in this accident and to the **Insurers**, the Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
 - (i) processing, handling and/or dealing with my claims, including the settlement of the claims and the necessary processing, handling and/or dealing with the claim;
 - (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) assisting in my claims, including the making of correspondence, statements, invoices, reports or other documents to all Insurers. Disclosure of certain personal data about me to track about delivery of the same as well as on the external government agencies, for example, for registration and/or
 - (v) compliance with applicable law in administering, processing, handling and/or dealing with my claims;
 - (b) the Insurers, the **Purposes**;
 - (i) all Insurers (who have insured vehicles) involved in this accident and the Insurers' law firms/law firms may use personal data to use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (ii) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers, agents, and legal and law firms/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.




Policyholder's Signature (Date: _____)
 Driver's Signature (if driver is not the policyholder) (Date: _____)
 Witness's Signature (Date: _____)

Sketch Plan

Refer to attach

Describe Circumstances of the Accident

I was travelling along Commonwealth Drive heading to my shop as usual when vehicle 31452 did a U-turn from Green the opposite direction and hit me. This happened at 2030 hrs, outside Manurewa temple, date was 7th January 2022

[Large area of horizontal lines for handwritten notes, mostly blank]

Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge.


Name: [Name]
Address: [Address]

In witness whereof I have signed this declaration at [Location] on [Date]

Signature of [Name]
[Name]

