

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 16/03/2022 17:48 (SGT)
Date of Accident 24/02/2022 06:45 (SGT)
Exact Location of Accident Westwood Ave, Singapore 648298
Additional Location Information THE WOODS RESIDENCE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFP8986Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEONG CHONG LEONG
NRIC No SXXXX959Z
Email Address leoken2010@singket.com.sg
Mobile Phone No (Phone) +65-98626767
Alternative Phone No +65-98626767

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1595

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPV01004090
Cover Note Number -

DRIVER

Name of Driver LEONG CHONG LEONG
NRIC No SXXXX959Z

Date Of Birth	02/02/1955
Occupation	Indoor
Date Of Driving Pass	17/10/1983
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98626767
Alt. Phone Number	+65-98626767
Email Address	leoken2010@singket.com.sg
Address	BLK 101 TECK WHYE LANE #08-408
Address complement	-
Postcode	680101
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	Collided into Parked Vehicle
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU147H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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) -

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' 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.

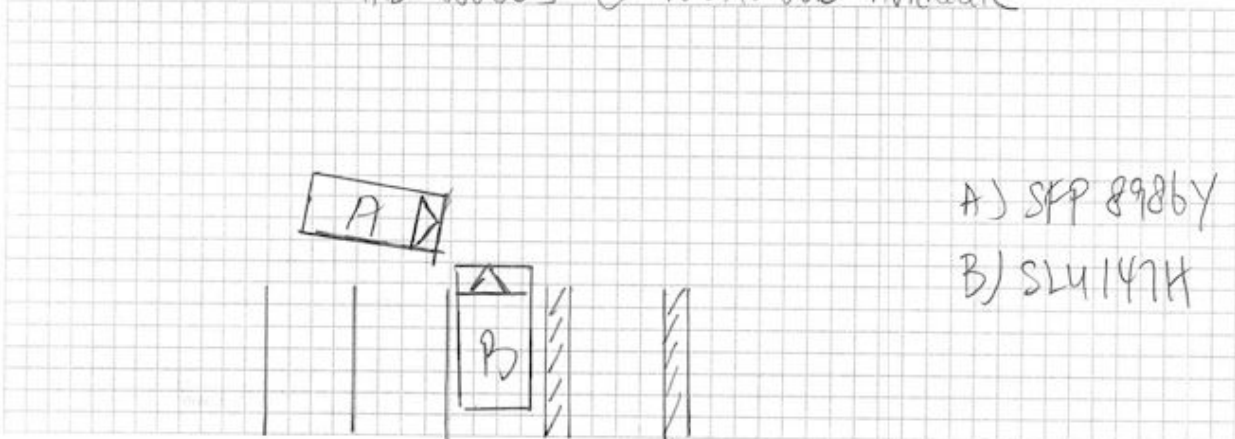
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

16/3/22 1655 HRE,
THE WOODS @ W481WOOD AVENUE




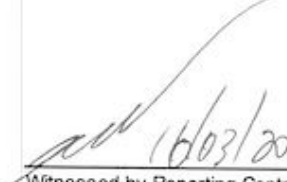
Describe Circumstances of the Accident

INCIDENT ON 24/2, AS I LEAVE CAP CHAPARR LOT 153
 AFTER I PARKED UP MY NEW NISSAN. AT ABOUT 6:45 PM.
 MY CAR WAS SLOWLY ROLLY FORWARD WHEN IT SLIGHT
 CONTACT A CAR SLIGHT, WHICH WAS PARKED WITH
 THE FRONT EXTENDED OUTSIDE THE PARKING LOT.
 NO DAMAGE OBSERVED FOR BOTH CARS.
 MANAGEMENT COMMITTEE CONTACTED ME ON 8/3/22.
 GAVE MY CONTACT NUMBER TO THE OWNER. BUT DID
 NOT GET HIS NUMBER.
 WHEN RETURN TO CHECK HIS CAR CONDITION, BUT CAR
 WAS NOW PARKED WITH THE FRONT FACING INWARDS.

LEON V. GONZALEZ

Declaration

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time	16/3/22 1655 HRS. Driver's Signature (If driver is not the policyholder) / Date & Time	 16/03/2022 Witnessed by Reporting Centre Personnel
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