

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	06/04/2022 15:29 (SGT)
Date of Accident	05/04/2022 08:15 (SGT)
Exact Location of Accident	Marymount Rd, Singapore
Additional Location Information	BEFORE BRADDELL ROAD SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS5641L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KUAH HWEE MIANG
NRIC No	SXXXX259C
Email Address	cynthiakuah.hm@gmail.com
Mobile Phone No	(Phone) +65-88211275
Alternative Phone No	+65-88211275

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	2494

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01005665
Cover Note Number	-

DRIVER

Name of Driver	KUAH HWEE MIANG
NRIC No	SXXXX259C

Date Of Birth	19/05/1976
Occupation	Indoor
Date Of Driving Pass	08/08/1997
Driving experience	24 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88211275
Alt. Phone Number	+65-88211275
Email Address	cynthiakuah.hm@gmail.com
Address	BLK 165 BEDOK SOUTH ROAD #04-378
Address complement	-
Postcode	460165
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FOCK SOW HAR
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220406/7007

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	SLS4579D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIN JIUNN HUEI, DANIEL
Contact Number	(Phone) +65-98458588
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	KUAH HWEE MIANG
Gender	Female
Phone No	(Phone) +65-88211275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER AND BACK PAIN
Injured person in which vehicle?	SKS5641L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

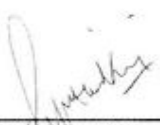
Name of injured person	FOCK SOW HAR
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER AND BACK PAIN
Injured person in which vehicle?	SKS5641L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

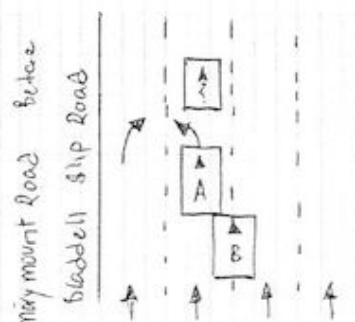
1. Please report correctly the details of the accident to speed up the claims process.
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 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

 06/04/2022
 Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle -A' : SKS 5641L


Vehicle -B' : SLS 4579D

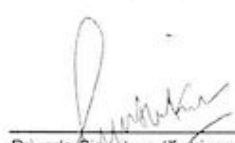
Describe Circumstances of the Accident

Refer to Police Report
T/20220406/7007

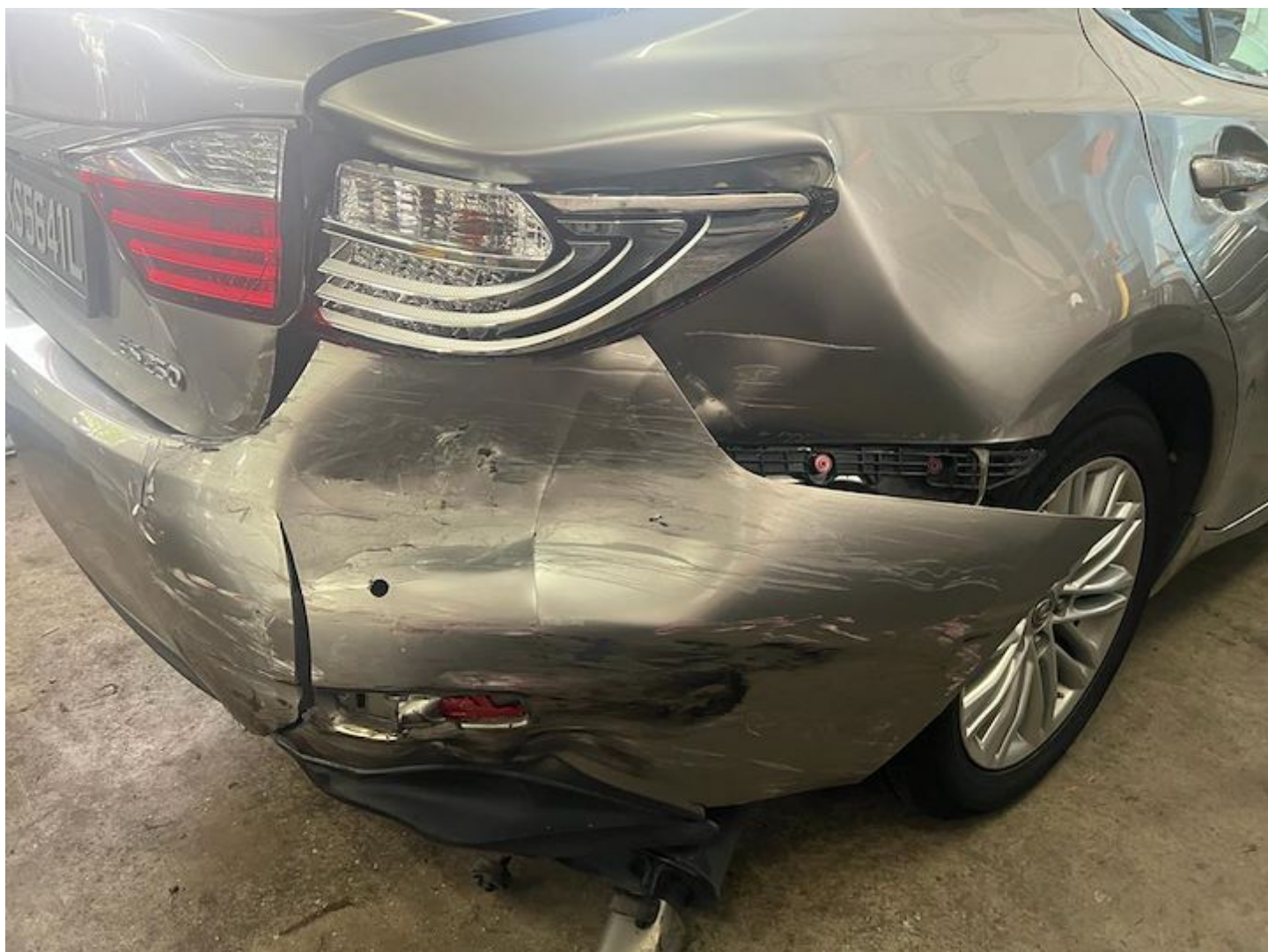
Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
1/4/22

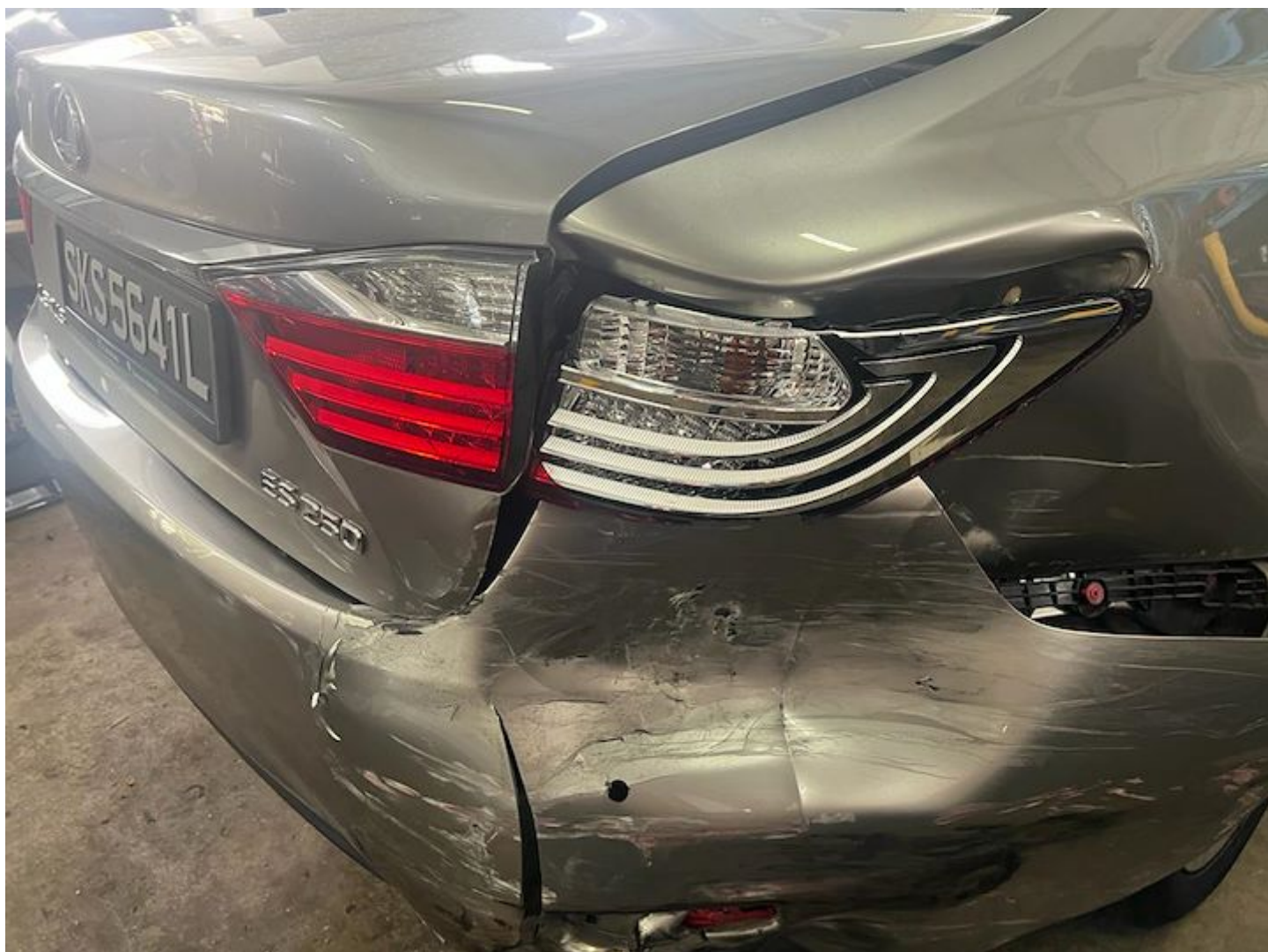

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
06/04/2022




























**SINGAPORE
POLICE FORCE**


T/20220406/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220406/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2022 11:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KUAH HWEE MIANG			Address: APT BLK 165 BEDOK SOUTH ROAD #04-378 SINGAPORE 460165		
ID Type / ID No.: NRIC NO / S7613259C			Contact No.: Home/Office: Mobile: 88211275		
Nationality: SINGAPORE CITIZEN			Email: cynthiakuah.hm@gmail.com		
Sex: Female	Age: 45	Date of Birth: 19/05/1976	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Self Employed			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information for the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2022 08:15	Type of Location: Straight Road
Location: MARYMOUNT ROAD BEFORE BRADDELL ROAD SLIP ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKS5641L	Car					0
SLS4579D	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20220406/7007

CONTINUATION OF REPORT

Driver			
Name	KUAH HWEE MIANG	ID No.	S7613259C
Related Vehicle	SKS5641L (Car)	Contact No.	88211275
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	05/04/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	FOCK SOW HAR	ID No.	S0076021H
Related Vehicle	SKS5641L (Car)	Contact No.	87972098
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	05/04/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	LIN JIUNN HUEI, DANIEL	ID No.	S8040656H
Related Vehicle	SLS4579D (Car)	Contact No.	98458588
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated date and time, I (SKS 5641 L) was travelling along the stated venue with my mother, Madam Fock Sow Har. I was travelling in my lane and when front vehicles slowed down, I followed to slow down too. Before I came to a complete stop, suddenly a vehicle bearing registration number: SLS 4579 D collided onto the rear portion of my vehicle. After the collision, my mother and I felt discomfort on our neck, shoulder and back. We then proceeded to seek medical treatments at Mount Alvernia Hospital and were given 5 days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220406/7007

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Report No. T/20220406/7007

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220406/7007

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Report No. T/20220406/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/04/2022 11:07

Classification Of Case: