

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 25/04/2022 17:54 (SGT)
Date of Accident 23/04/2022 10:30 (SGT)
Exact Location of Accident 73 Compassvale Bow, Singapore 544995
Additional Location Information THE QUARTZ CONDOMINIUM, 73 COMPASSVALE BOW
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE3058X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN THIANG YEW MICHEAL
NRIC No S6933756B
Email Address MIKETYTAN@GMAIL.COM
Mobile Phone No (Phone) +65-91788821
Alternative Phone No (Home) +65-91788821

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1496

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPV01009700
Cover Note Number 15/07/2021 TO 14/07/2022

DRIVER

Name of Driver TAN THIANG YEW MICHEAL
NRIC No S6933756B

Date Of Birth	27/09/1969
Occupation	Indoor
Date Of Driving Pass	12/05/1993
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91788821
Alt. Phone Number	(Home) +65-91788821
Email Address	MIKETYTAN@GMAIL.COM
Address	59 COMPASSVALE BOW #16-20
Address complement	-
Postcode	544988
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHARON
Gender	Female

PASSENGER 2

Name	ANSELM TAN
Gender	Male

PASSENGER 3

Name	MAXIMUS TAN
Gender	Male

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 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	SLZ2108G
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH BAK YANG
NRIC No	S0803228I
Contact Number	(Phone) +65-96420638
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

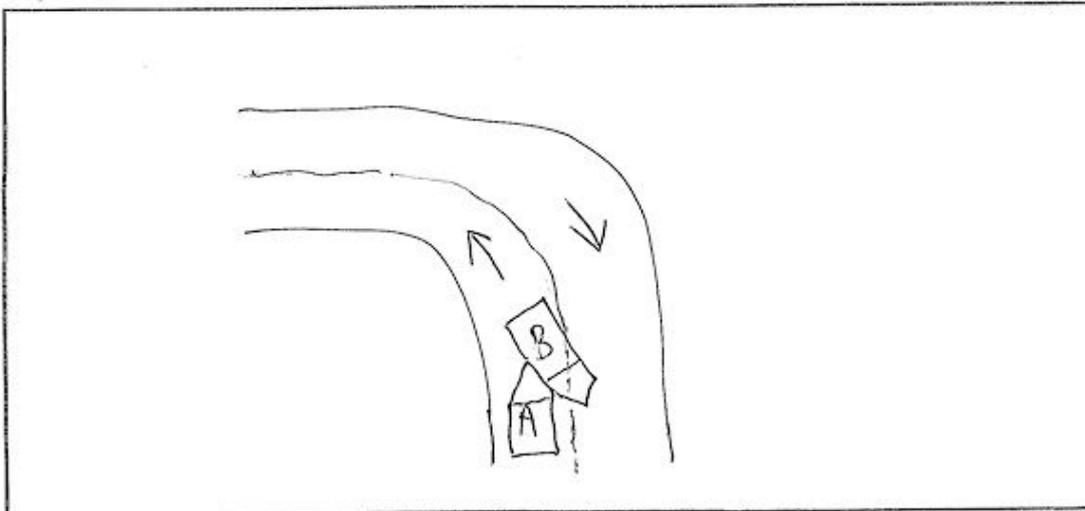
Sompo
 Vehicle : SLE 3058X
 25/04/2022

SKETCH PLAN

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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.

Sketch Plan



[Handwritten Signature]
 Policyholder's Signature / Date & Time

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

[Handwritten Signature] 25/04/2022
 Witnessed by Reporting Centre Personnel

ALLIANZ MOTOR COMPANY

Date of accident: 23-4-22 Time: 10:30 AM Location: 73 COMPASSVALE BOW, S544995
 My Vehicle A: SLE 3058X Vehicle B: SLZ 2108G Vehicle C: _____

SKETCH PLAN

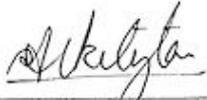
Describe Circumstances of the Accident.

On 23-4-22 at about 10.30am, as I was driving up the ramp to exit my condo, I noticed that SLZ 2108G driven by Goh Bak Yang (NRIC: S0803228I) was turning into the condo driving down the ramp before the curve but he had crossed the centre line of the lane. I stopped my vehicle immediately to avoid an accident as the other party had crossed the center line but instead of swerving to his left to avoid the accident, the other party continued on his course to take a sharp right turn and collided ~~with~~ into the front right corner of my vehicle. I ~~immediately~~ immediately stepped out of my car to take photos of the accident without moving my car

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

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

  25/04/2022
 Witnessed by Reporting Centre Person

AHLIM MOTOR COMPANY











