

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 13/05/2022 17:28 (SGT)
Date of Accident 12/05/2022 16:07 (SGT)
Exact Location of Accident Ang Mo Kio Ave 1, Singapore
Additional Location Information ENTRANCE INTO CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT9012X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN POH HOCK
NRIC No SXXXX929E
Email Address stella_tan-66@hotmail.com
Mobile Phone No (Phone) +65-96791741
Alternative Phone No +65-97376393

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Jetta
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 1390

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPV01007019
Cover Note Number -

DRIVER

Name of Driver STELLA ANN TAN WEN XI
NRIC No SXXXX383J

Date Of Birth	07/09/1997
Occupation	Indoor
Date Of Driving Pass	26/08/2016
Driving experience	5 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97376393
Alt. Phone Number	-
Email Address	stella_tan-66@hotmail.com
Address	BLK 12 JALAN BUKIT MERAH #08-5048
Address complement	-
Postcode	150012
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

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	SKD9900S
Vehicle Manufacturer	Nissan
Vehicle Model	Skyline
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FOONG JOSCHIN
NRIC No	SXXXX265B
Contact Number	(Phone) +65-91775177
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.

[Signature] 13/5/22
Policyholder's Signature / Date & Time

[Signature] 13/5 15:00
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 13/05/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

ONLY MO KIO AVE 1 EXTERNS CTE (CITY)

Describe Circumstances of the Accident

I was ~~filtering out from~~ entering the TE from Ang Mo Kio Avenue 1. As I ~~filtered into the~~ was filtering into the TE, vehicle in front of me suddenly stopped. I did not have sufficient time to brake. ~~and~~ Could not perform emergency brake as incoming vehicles were ~~too~~ big vehicles. Hit the side of the car's bumper.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
13/5/22


Driver's Signature (if driver is not the policyholder) / Date & Time
13/5/22 15:00


Witnessed by Reporting Centre Personnel
13/05/2022

























