

# 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 ..... 26/05/2022 15:51 (SGT)  
Date of Accident ..... 24/05/2022 13:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HOUGANG AVE 2  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLT3681S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MITSUBISHI HC CAPITAL ASIA PACIFIC PTE.LTD.  
Company Reg No ..... 199400399N  
Email Address ..... sherlenexh.tan@mitsubishi-hc-capital.com.sg  
Mobile Phone No ..... (Phone) +65-68336134  
Alternative Phone No ..... (Office) +65-68336134

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A3 SEDAN 1.0 TFSI S TRONIC (LED)  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 999

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTPV01014729  
Cover Note Number ..... 26/10/21-25/10/22

### DRIVER

Name of Driver ..... VISALAKSHI VAIRAVAN  
NRIC No ..... S8855379I

Date Of Birth .....	09/06/1988
Occupation .....	Indoor
Date Of Driving Pass .....	27/03/2019
Driving experience .....	3 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91173165
Alt. Phone Number .....	-
Email Address .....	shaluthegr8@gmail.com
Address .....	42 CANBERRA DR #09-07
Address complement .....	-
Postcode .....	768434
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	DAUGHTER
Gender .....	Female

#### PASSENGER 2

Name .....	MOTHER-INLAW
Gender .....	Female

#### 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 SKETCH ATTACHED

#### 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 .....	GBB3509X
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) ..... -

SKETCH PLAN

1 VEHICLE NO: SLT3681C  
2 INSURER CO: Sompo  
3 ACCIDENT DATE & TIME: 24/5/22 1320hrs

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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.

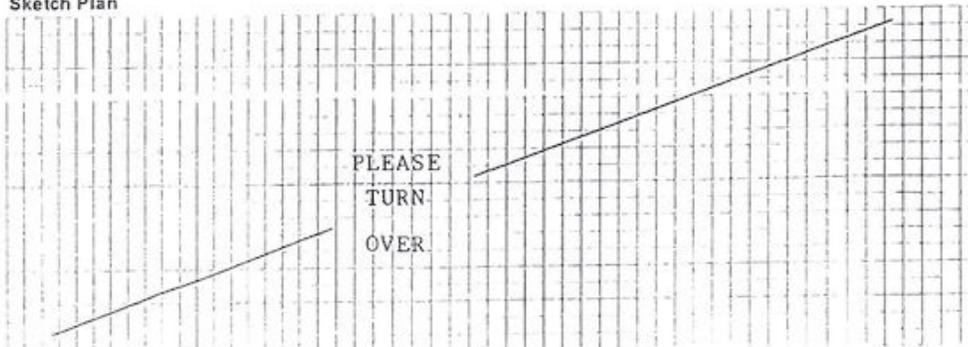
MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

Matthew Lee (Mr)  
Senior Manager  
Total Vehicle Solutions Department  
Policyholder's Signature / Date & Time

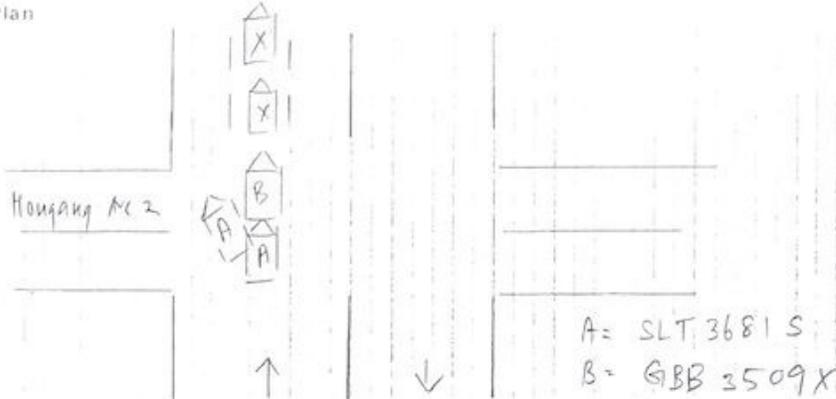
  
Driver's Signature (if driver is not the policyholder) / Date & Time

 25/5/22  
Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date - 24/5/22	Time - 1320hrs	Ins: Sompo
<p>Accident occurred at the above junction. At mid-junction, m/veh (B) suddenly stop - I brake but could not avoid and collided onto the rear of the said veh. In order not to block traffic, I tried to filter to the left side of the road - while filtering, I hit onto the said veh again causing damage to my driver door area as well.</p> <p>No injuries on anyone - I have 2 passenger onboard. Clear, dry weather condition.</p>		
<p>Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.</p>		

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

Matthew Lee (Mr)  
Senior Policyholder's Signature  
Total Vehicle Solutions Department  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *Aleah*  
NRIC/FIN No.:

26/5/22  
(YS)

Claim Own Policy     Claim Third Party     Reporting Only  
 Claim OD/TP at other workshop ( )













