

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 to the Insurance of the 117 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 in copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	30/05/2022 11:54 (SGT)
Date of Accident	27/05/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARYMOUNT ROAD TOWARDS THOMSON BEFORE MARYMOUNT LANE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY3973H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHS MACHINERY PTE LTD
Company Reg No	201216152G
Email Address	andrewtan.jielun@gmail.com
Mobile Phone No	(Phone) +65-90182673
Alternative Phone No	+65-90182673

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	CABSTAR G
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3153

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D21MTPCVE002266
Cover Note Number	23/09/2021 TO 22/09/2022

DRIVER

Name of Driver	TAN POH GEOK
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NRIC No	S1731175A
Date Of Birth	12/01/1965
Occupation	Outdoor
Date Of Driving Pass	27/04/1995
Driving experience	27 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-90182673
Alt. Phone Number	-
Email Address	andrewtan.jielun@gmail.com
Address	4 JALAN LANJUT SINGAPORE 577648
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	CUSTOMER
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

REFER WITH ATTACH.

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	SLM7896A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LI YANG
Contact Number	(Phone) +65-90613917
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
Nbr. Of Passenger (including Driver)	2

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SKETCH PLAN

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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 based outside of Singapore, for one or more of the above Purposes.

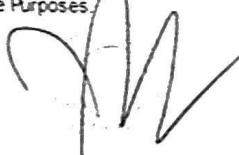
Policyholder's Signature / Date & Time

Sketch Plan

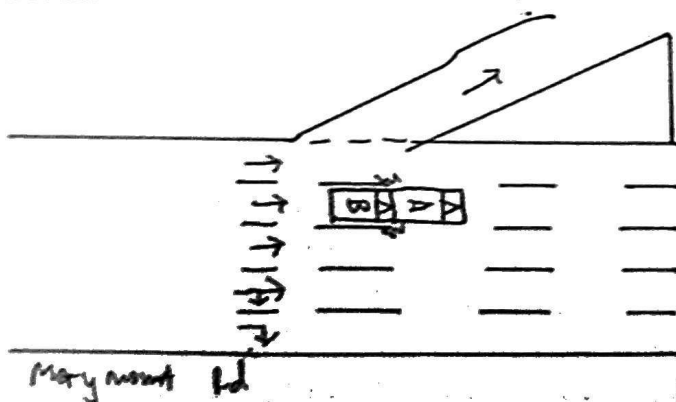


Driver's Signature (if driver is not the policyholder) / Date & Time

28/5/2022 @ 1115h



Witnessed by Reporting Centre Personnel



Vel A - GY 3973H
B - SLN 7896A.




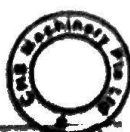
Describe Circumstances of the Accident

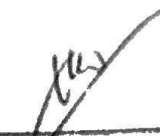
As per above date and Time I was driving GY 3973H along Marymount rd towards Thomson rd on lane 4 of 5 lane carriage way. Somewhere before Marymount lane junction my vehicle was stationary stopped due to red traffic light glow. Out of sudden, Vek(B) SL 7896A front portion collided onto my vehicle rear portion.

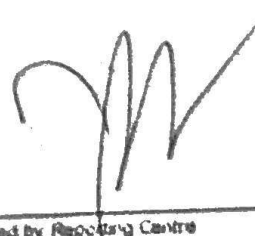
Declaration

I/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
28/5/2022 @ 11:56


Witnessed by Reporting Centre (Personnel)