SA19228N0002 / ACCORD AUTO SERVICES PTE LTD[568047] ENTRY DATE & TIME: 23/08/2022 17:37 (SGT) SUBMITTED BY: GOH JACQUELINE VERSION: 1 (23/08/2022 17:37 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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

Reported by

Date of Accident

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

23/08/2022 17:37 (SGT)

Driver

23/08/2022 13:32 (SGT)

PIE, Singapore

PIE (CHANGI) BEFORE TOA PAYOH EXIT 16A

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SKU2877H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

No

TAN CHEW TIAM

SXXXX814G

CHEW.TIAM@GMAIL.COM

(Phone) +65-90272108

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Mazda

5

Private use

No - Claiming third party

Private car

Auto

2000

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D22MTPV010011186

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

CHAN LEE CHING SXXXX614F

25/11/1967

Outdoor

Accident report SA19228N0002

Date Of Driving Pass 10/10/1989 Driving experience

32 YEARS AND 10 MONTHS Gender Female

Mobile Number (Phone) +65-91005118 Alt. Phone Number

**Email Address** CHANLEECHING@GMAIL.COM Address BLK 919 HOUGANG AVE 4 #10-451

Address complement

Postcode 530919 Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured Spouse 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 Chain Collision Weather Conditions Raining Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

**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

I SAW INFRONT VEH STOP, SO I PROCEED TO SLOW DOWN. SUDDENLY I FELT AN IMPACT FROM MY REAR, VEH B HAD COLLIDED ONTO MY REAR, AS THE IMPACT WAS TOO HUGE MY VEH HAD DASH FORWATD TO HIT VEH C.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHF333M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	1-
Nature Of Damage	
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	3

## DETAILS OF OTHER VEHICLE PROPERTY 2

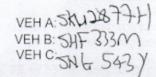
Vehicle Registration Number	SNG543Y
Vehicle Manufacturer	Toyota
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	CHAN LEE CHING
Gender	Female
Phone No	(Phone) +65-91005118
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK ACHING
	EYE SWOLLEN
Injured person in which vehicle?	SKU2877H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN



- 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 Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow nsurance 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

IMPORTANT NOTICE

(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
- (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

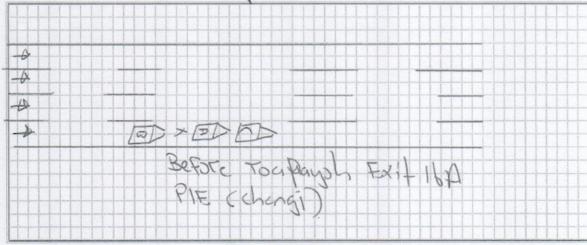
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purpose

Policyholder's Signature / Date & Time

Driver's Signa driver is not the policyholder) / Date

ng Centre P Witnessed by Rep (Name as in NRIC/ID

Sketch Plan



escribe Circumstance of the Acciden	nt		
DATE OF ACCIDENT: 2 VEH A: SKU 2377H	3/8/22. VEH B: SH	F333M	VEHC: SNG 543 Y
stopped. slo from my Ter as the impact dash form	Front Veh N down or, Veh B was too h ird to hit	stop so sident- bad cullide well c.	I Proceed to I felt an impact I with my Egr, My Veh had
Declaration I/We declare the foregoing particulars	are true in every respect.	``	X COLON
Policyholder's Signature / Date & Time	Driver's Signature (if driver)s & Time	not the policyholder) / Date	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)