

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 Actual 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	12/09/2022 12:07 (SGT)
Reported by	Both
Date of Accident	09/09/2022 14:45 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	TOWARDS PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML126D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CATHERINE TAN LING GHIM
NRIC No	SXXXX745J
Email Address	catherinetanlg@hotmail.com
Mobile Phone No	(Phone) +65-92702485
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X2
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	1499

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01013073

DRIVER

Name of Driver	CATHERINE TAN LING GHIM
NRIC No	SXXXX745J
Date Of Birth	30/03/1971
Occupation	Indoor

Date Of Driving Pass	23/03/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92702485
Alt. Phone Number	-
Email Address	catherinetanlg@hotmail.com
Address	BLK 700 LORONG 1 TOA PAYOH #05-01
Address complement	-
Postcode	319773
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	SARAH MARY LESSLAR
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220910/7021

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6835P
Vehicle Manufacturer	-
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	CATHERINE TAN LING GHIM
Gender	Female
Phone No	(Phone) +65-92702485
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SML126D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SARAH MARY LESSLAR
Gender	Female
Phone No	(Phone) +65-93203753
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SML126D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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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

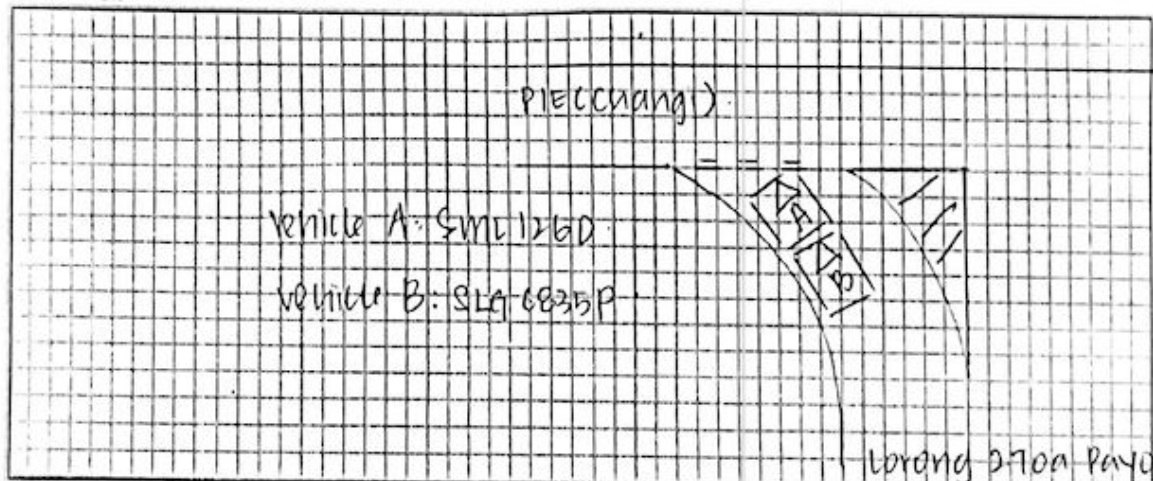
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident

Refer to Police Report T/20220910/7021

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

 12/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/AD card)

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20220910/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2022 13:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CATHERINE TAN LING GHIM			Address: 700 LORONG 1 TOA PAYOH #05-01 SINGAPORE 319773		
ID Type / ID No.: NRIC NO / S7110745J			Contact No.:		Mobile: 92702485
Nationality: SINGAPORE CITIZEN			Email: CATHERINETANLG@HOTMAIL.COM		
Sex: Female	Age: 51	Date of Birth: 30/03/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2022 14:45	Type of Location: Bend
Location: LORONG 2 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG6835P	Car	TOYOTA		White	Slightly Damaged	1
SML126D	Car	BMW	X2 SDRIVE18I MSPT LED FOG LIGHTS	Gold	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20220910/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML126D	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV01013073	27/09/2021	27/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SARAH MARY LESSLAR		D No.	T0047180H
Related Vehicle	SML126D (Car)		Contact No.	93203753
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/09/2022		Date	09/09/2022
No. of Days granted Medical Leave		03	Degree of	Serious
Driver				
Name	CATHERINE TAN LING GHIM		D No.	S7110745J
Related Vehicle	SML126D (Car)		Contact No.	92702485
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/09/2022		Date	10/09/2022
No. of Days granted Medical Leave		NIL	Degree of	Serious

Brief Details.

ON 09/09/2022 AT ABOUT 14:45HR, I WAS DRIVING MY VEHICLE - SML126D, WITH MY DAUGHTER IN MY VEHICLE, TRAVELLING FROM LORONG 6 TOA PAYOH TOWARDS PIE(CHANGI). I STOPPED BEFORE THE GIVE-WAY LINE MERGING TO PIE TO CHECK ON TRAFFIC BEFORE PROCEEDING. ABOUT 2 SECONDS LATER, I FELT A HUGE IMPACT ON MY VEHICLE'S REAR PORTION. WHEN I ALIGHTED, I THEN REALISED THAT VEHICLE NUMBER - SLG6835P, HAD COLLIDED ONTO MY VEHICLE'S REAR PORTION. UPON IMPACT, MY DAUGHTER FELT A SHARP PAIN AND IT LEAD TO A THROBBING HEADACHE. I BROUGHT HER TO MOUNT ALVERNIA A&E TO SOUGHT FOR MEDICAL ATTENTION AND SHE WAS DISCHARGED WITH 3DAYS MC. THE FOLLOWING DAY, I FELT DISCOMFORT ON MY BACK AND NECK AS WELL AND SOUGHT FOR MEDICAL ATTENTION AS WELL.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20220910/7021

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20220910/7021

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/09/2022 13:44

Classification Of Case: