

# 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 ..... 11/10/2022 10:15 (SGT)  
Reported by ..... Both  
Date of Accident ..... 06/10/2022 17:00 (SGT)  
Exact Location of Accident ..... Tampines, Singapore  
Additional Location Information ..... TAMPINES JUNCTION INCOME BUILDING CAR PARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNG193Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... BUPENDRA GANESON  
NRIC No ..... SXXXX734H  
Email Address ..... ganesonbupendra@gmail.com  
Mobile Phone No ..... (Phone) +65-97394456  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Glc250  
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 ..... 2143

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPV01007825

### DRIVER

Name of Driver ..... BUPENDRA GANESON  
NRIC No ..... SXXXX734H  
Date Of Birth ..... 18/06/1986  
Occupation ..... Indoor

Date Of Driving Pass .....	23/11/1992
Driving experience .....	29 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97394456
Alt. Phone Number .....	-
Email Address .....	ganesonbupendra@gmail.com
Address .....	21 TAN KIM CHENG ROAD #18-23
Address complement .....	-
Postcode .....	266621
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SLE9544U
Vehicle Manufacturer .....	Mazda
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) ..... -

**SKETCH PLAN**

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

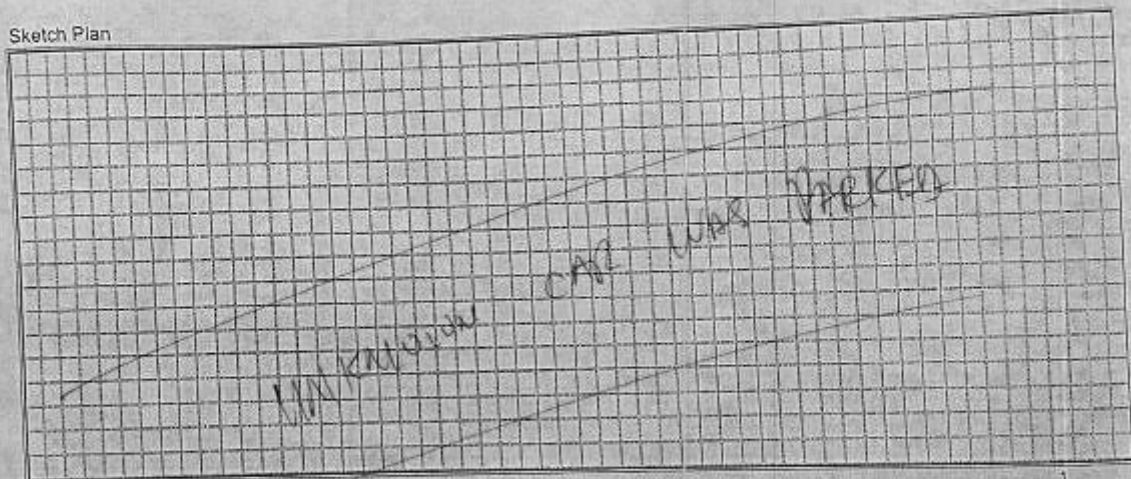
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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

*[Signature]*  
X  
Policyholder's Signature / Date & Time

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

*[Signature]* 11/10/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



vJun2022



Describe Circumstance of the Accident 6th Oct about 4pm 5pm

My car was parked at the multi-storey car park at NTUC Income Tampines Junction building. When I returned to the car, I saw a note on the wind-screen and saw damage to the left front of the car. I contacted the number that evening and the driver said it was a rental car and she would contact the rental company and bring the car back to them on Friday.

On Friday afternoon, she said the rental company would contact me. She said the rental company might settle privately. I waited but no call on Friday.

On Sat morning I called the company. The person answered and said the person in charge was not there, that she had gone back to Malaysia for the weekend and would only be back on Monday.

On Monday, I finally managed to contact Avis (Eunice). She told me that I have to submit a report with my insurance company who will then contact them to make the claim.


I immediately called Sompoo. The staff member told me that I have to take the car for assessment first. I immediately took it to National Assessment Centre at Bkt Merah.

I also sent an email to emailus@sompoo.com.sg to explain the situation regarding the claim so hopefully it won't affect our NED.

It is unfortunate that we have to go through all this and we were not even driving or even inside the car when the accident happened.

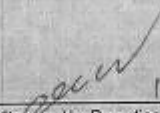
Declaration

We declare the foregoing particulars are true in every respect.

X 

Policyholder's Signature / Date & Time

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

 11/10/2022  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



































- Michelle

Sorry, I hit your car

5:10pm 6/10/22

8881 2446. Call me.

*am* 11/10/2022