

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	14/11/2022 18:30 (SGT)
Reported by	Driver
Date of Accident	13/11/2022 14:15 (SGT)
Exact Location of Accident	Old Tampines Rd, Singapore
Additional Location Information	TOWARDS PASIR RIS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE518E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIANG JIAYIN
NRIC No	SXXXX451D
Email Address	danpoh@live.com
Mobile Phone No	(Phone) +65-90225002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xf
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	1999

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01015603

DRIVER

Name of Driver	POH TZE HOU
NRIC No	SXXXX564F
Date Of Birth	14/02/1980
Occupation	Indoor

Date Of Driving Pass	19/09/2002
Driving experience	20 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90225002
Alt. Phone Number	-
Email Address	danpoh@live.com
Address	5 PASIR RIS RISE #04-12
Address complement	-
Postcode	518082
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	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)	4
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	LIANG JIA YIN
Gender	Female

PASSENGER 2

Name	EVAN POH
Gender	Male

PASSENGER 3

Name	DAWN POH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT G/20221114/7060

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ5765Z
 Vehicle Manufacturer Toyota
 Vehicle Model Corolla
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver CHAN KUM CHIOK
 NRIC No SXXXX182G
 Contact Number (Phone) +65-91599934
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person POH TZE HOU
 Gender Male
 Phone No (Phone) +65-90225002
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SLE518E
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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7. By the submission 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 envelope/postal 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

Sketch Plan

OLD TAMPINES ROAD TOWARDS PASIR RIS ROAD

Vehicle A - SLE518E

Vehicle B - SLJ576SZ



Describe Circumstances of the Accident

Details

On 13th Nov 2022 at around 2.15pm, I am driving Vehicle A - SE518X
 Stationary along ~~the~~ Tompries Road towards Paris R. when
 Suddenly Vehicle B SL55765Z knocked on my rear.
 I am given a 3 days MC.

POLICE REPORT G/2022/1114/7060

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

Witnessed by Reporting Centre
Personnel

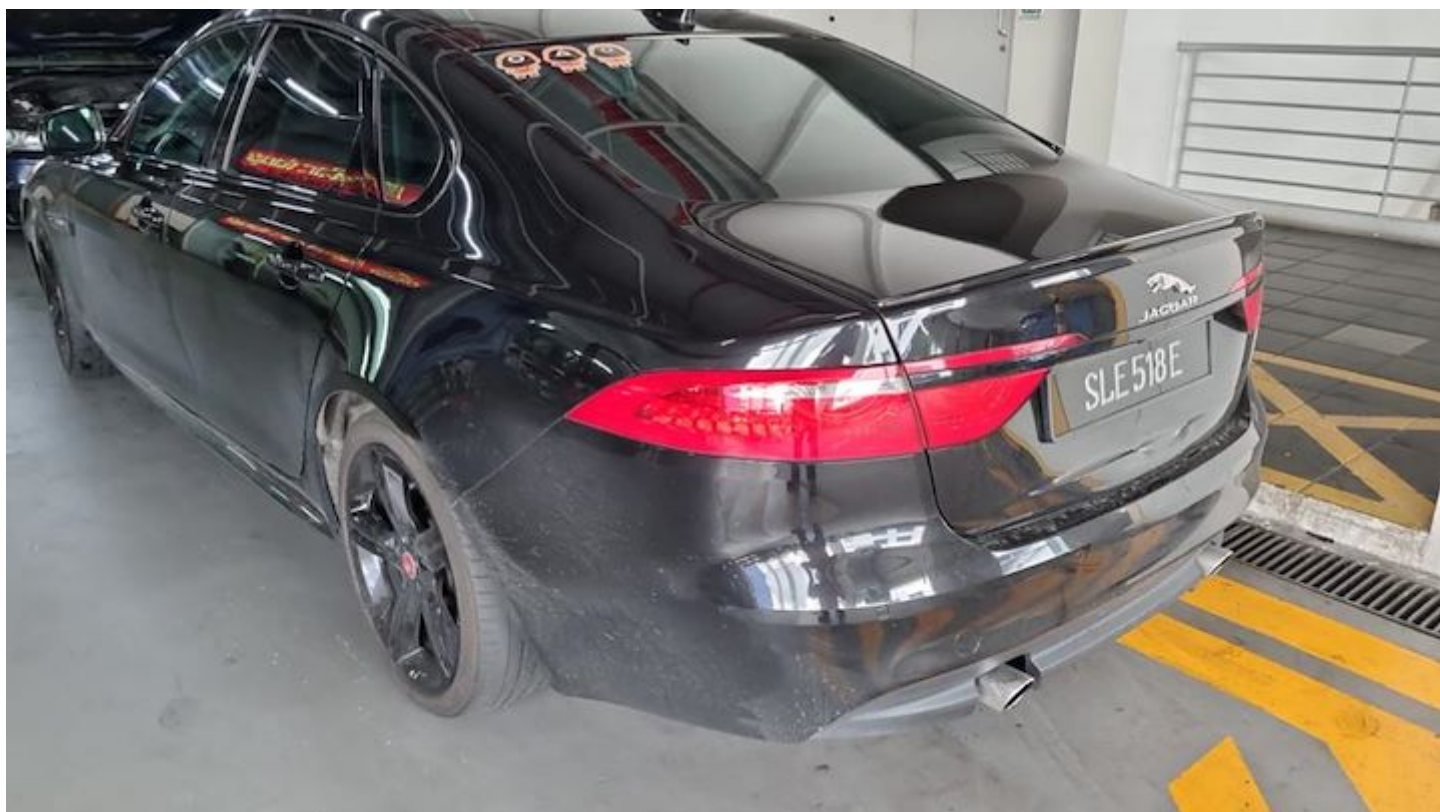
















**SINGAPORE
POLICE FORCE**



G/20221114/7060

1 of 1

POLICE REPORT (NP299)

Report No. G/20221114/7060

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 14/11/2022 14:51	Vide Report No.	Station Diary No.
Name Of Informant POH TZE HOU	Address 5 PASIR RIS RISE #04-12 SINGAPORE 518082	
ID Type / ID No. NRIC NO / S8004564F	Contact No. Home/Office:	Mobile: 88389285
Nationality SINGAPORE CITIZEN	Email Address danpoh@live.com	
Occupation Other business services and administration managers	Sex Male	Age 42
	Date of Birth 14/02/1980	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 13/11/2022 14:15 - 13/11/2022 14:30	Location Of Incident 60 TAMPINES NORTH DRIVE 2 IKEA SINGAPORE 528764	

Brief details.

On 13th Nov 2022 At Around 2.15pm, i am driving Vehicle A SLE518E Stationary along tampines Ave 10 road towards pasir ris when suddenly Vehicle B SLF5765J Knocked me on my rear.

After the accident, I feel neck shoulder and collar bone pain and visited a doctor and am given a 3 days Medical Certificate

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2022 14:51
Officer In-Charge Of Case:	Classification Of Case: