

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 15/11/2022 18:40 (SGT)
Reported by Driver
Date of Accident 11/11/2022 16:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information NORTH BRIDGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD8403Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ETHOZ AUTO LEASING LTD
Company Reg No 201613943G
Email Address accidentreport@ethozprotect.com
Mobile Phone No (Phone) +65-66547777
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model L200
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2500

INSURANCE COMPANY

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

DRIVER

Name of Driver CHIN YANN LIH
Passport No/FIN G4020048M
Date Of Birth 02/12/1997
Occupation Indoor

Date Of Driving Pass	21/04/2022
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80223148
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	213 GUILLEMARD ROAD #05-08
Address complement	-
Postcode	S(399733)
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
Weather Conditions	CLOUDY
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
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?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO ATTACH POLICE REPORT & 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	SMP2303A
Vehicle Manufacturer	Honda
Vehicle Model	Freed
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR LEE
Contact Number	(Phone) +65-92304922
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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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



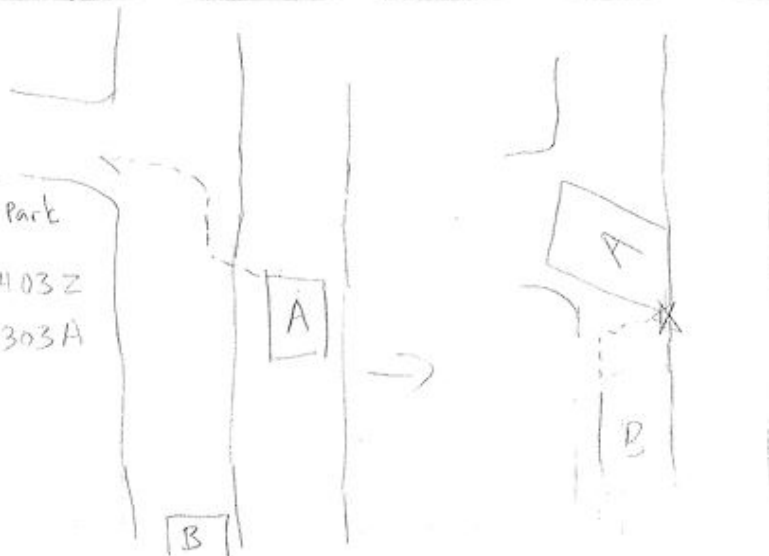
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/11/2022

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Blk 13
North Bridge
Road Car Park
A = GBD 8403Z
B = SMP 2303A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20221112/2021

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Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20221112/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2022 11:50	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars

Name of Informant: CHIN YANN LIH	Address: 213 GUILLEMARD ROAD #05-08 SINGAPORE 399733		
ID Type / ID No.: FIN NO / G4020048M	Contact No.: Home/Office: Mobile: 80223148		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 24	Date of Birth: 02/12/1997	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: ENGINEER	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/11/2022 16:00	Type of Location: Car Park
Location: NORTH BRIDGE ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD8403Z	Car	MITSUBISHI	L200 TRITON DOUBLE CAB A/T NO SUNROOF	Silver		0
SMP2303A	Car	HONDA	FREED HYBRID 7-SEATER 1.5G AUTO	Blue		1



**SINGAPORE
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T/20221112/2021

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Tel No: 1800-8486999

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Report No. T/20221112/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIN YANN LIH	ID No.	G4020048M
Related Vehicle	GBD8403Z (Car)	Contact No.	80223148
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Mr Lee	ID No.	NIL
Related Vehicle	SMP2303A (Car)	Contact No.	92304922
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned date, time and location. I was driving along said road on the second lane and was about to make left turn into Blk13 north bridge road open carpark. Before making the left turn, I check left side mirror for any incoming vehicle and I noticed there was a car approaching, however he was a distance away, so I made the left turn. When made the turn, I suddenly heard and felt an impact from the rear. Both me and the other drive turned into the carpark and check on our cars and exchange contact details.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20221112/2021

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Report No. T/20221112/2021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
G /
SGT 1 BRYAN LOW YAN HUI

Signature Of Informant:

Chin Yans Lih

Signature Of Interpreter:
Not applicable

Date/Time:
12/11/2022 11:50

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE

[Signature]

SIGNATURE

























