

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 28/11/2022 14:43 (SGT)
Reported by Both
Date of Accident 24/11/2022 17:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information 80 BOON KENG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFU6303E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA LAY HOON
NRIC No SXXXX077C
Email Address ANGIE.CHUA@CONTINENTAL.COM
Mobile Phone No (Phone) +65-98783994
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc200
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1991

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTPV01015370

DRIVER

Name of Driver CHUA LAY HOON
NRIC No SXXXX077C
Date Of Birth 23/11/1965
Occupation Indoor

Date Of Driving Pass	01/06/1991
Driving experience	31 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98783994
Alt. Phone Number	-
Email Address	ANGIE.CHUA@CONTINENTAL.COM
Address	98 YONG SIAK ST
Address complement	-
Postcode	163078
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	Side Swipe
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)	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

REFER TO REPORT

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	SLP8452A
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) -

SKETCH PLAN**IMPORTANT NOTICE**

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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

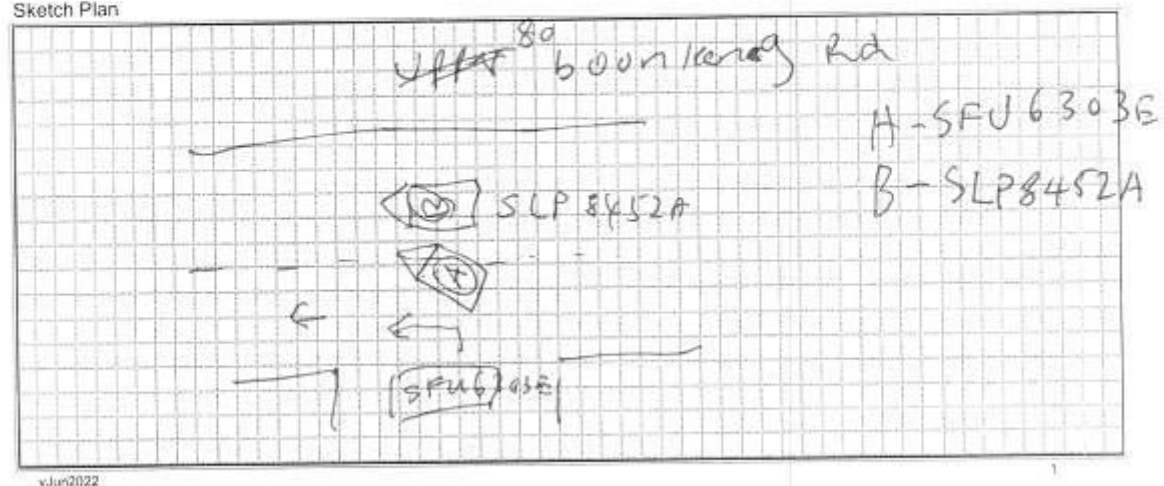
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

As I was turning out from office to the left, SLP FYR24 claim that I knocked on her despite her moving straight.

However, I reported on 25/11/22 (invoice is attached.)

Declaration

(We declare the foregoing particulars are true in every respect.

W. 25/11/22
Policyholder's Signature / Date & Time

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

W. 28/11/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

























ZEN AUTO PTE LTD

No. 30 KAKI BUKIT ROAD 3 #01-12
EMPIRE TECHNO CENTRE
SINGAPORE 417819
TEL: 6749 3738 FAX: 6749 7212
Reg. No.: 201329495E

INVOICE

M/s

*Cash*No **40444**☐ CASH☐ CREDIT CARD

Vehicle no:

*SFU 6303 E*Date: *26/11/22*

Being Payment of:

Model: *M/GLC 250*

S/No	Item Description	Quantity	Amount \$ cts
1	Hand Lamp R/H F (orig)	1 Set	
2	Rep. Bumper	—	
3	Spray Bumper	—	
4	Labour Charge & Computer	—	
5	Roller	—	
Total			<i>\$2,800.00</i>
GST			<i>\$ 196.50</i>
NETT TOTAL			<i>\$ 2,996.50</i>

Please check items before leaving the counter.
We shall not be accountable for any damage thereafter.

Goods received in good order conditions.
Goods sold are not returnable.

TAX

GST NO. 201329495E

E. & O. E.

Issued By

Customer's Signature







IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922BS0007 Vehicle Registration No: SFU 6303 E
 Name (as shown in NRIC): Chua Lay hoon NRIC/FIN/Passport No: S 077C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 98 yong siak st 5C163088 Singapore ()
 Contact (Tel): 98783994 Mobile No.: -
 Email Address: Angie.chua@continental.com
 Date of Accident: 24/11/22 Time of Accident: 5.35pm
 Place of Accident: 80 Boon Keng Road
 Insurance Company: Sompo

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Attach scene photo

Policyholder / Driver's Signature
Date:

R/ 28/11/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: