

# 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 .....	05/12/2022 17:40 (SGT)
Reported by .....	Both
Date of Accident .....	24/07/2022 10:20 (SGT)
Exact Location of Accident .....	247 Paya Lebar Rd, #03-01, Singapore 409045
Additional Location Information .....	TRINITY CHRISTIAN CTR
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJZ9030Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHOW KHIAM SING
NRIC No .....	SXXXX953H
Email Address .....	khiawsing@gmail.com
Mobile Phone No .....	(Phone) +65-96757547
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	V40
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 .....	1498

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D21MTPV01009990

### DRIVER

Name of Driver .....	CHOW KHIAM SING
NRIC No .....	SXXXX953H
Date Of Birth .....	07/02/1955
Occupation .....	Indoor

Date Of Driving Pass .....	09/09/1975
Driving experience .....	46 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96757547
Alt. Phone Number .....	-
Email Address .....	khiawsing@gmail.com
Address .....	17 GREENWOOD AVENUE
Address complement .....	-
Postcode .....	289211
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

PLEASE REFER TO SKETCH PLAN (NO PICTURE TAKEN CAR WAS SOLD)

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SBM285C
Vehicle Manufacturer .....	Lexus
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YAP THIAM KOON
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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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.

Channing  
Policyholder's Signature / Date & Time

05/12/2022  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

05/12/2022  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

PAKA LABAR (TRINITY CHRISTIAN CTR)

A) SSZ9070Z	
B) SBM285C	
SSZ9030Z (A)	SBM285C (B)

Jun2022

Describe Circumstance of the Accident

I attended church at Trinity Christian Centre along Paya Lebar Road. After service I was leaving the church. At that time there were traffic marshalls directing us out of the exit. At the exit, the traffic marshal waved for me to go into the first lane. I followed his instructions but at that time I did not realise that SBM 285 C was also exiting as my left. When I exited into the first lane, my car knocked into SBM 285 C.

Because the driver of SBM 285 C also attended the same church we talked and we agreed not to claim against each other's insurance. We settled it on that ground that we settle it privately.

I was busy after that and I forgot that I also needed to make a report. My mistake and my apologies.

Declaration

I/We declare the foregoing particulars are true in every respect.

*Charmy*

Policyholder's Signature / Date & Time

*Charmy*

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

*05/12/2022*

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

15:11

4G

## Back Sales Agreement

Registration Type	Private
Vehicle List Price (include Registration Fee)	
Road Tax	6 Months
Accessories	In-Car Camera
	Solar Film (Exclude Front Windscreen)
	Floor Mat
Warranty	5 years or 160,000km, whichever comes first (excludes
Servicing	5 years or 75,000km non-transferable scheduled service and tear)
Finance	HONG LEONG FINANCE, Loan Amount: \$60,000.00, Inter
Insurance	2 years AIG (to be paid separately by customer) In-hou
COE	6 Bids Guaranteed, COE Rebate at \$80,000.00, Category
Others	

### TRADE-IN INFORMATION

Make	Volvo	Model	V40
Year of Manufacture	2016	Reg. No.	SJZ9030Z
Trade-In BOA No.		First Reg. Date	26/07/2016
Trade-In	\$75,000.00		

This order form, the conditions of sale found overleaf and its appendices (where applicable) shall comprise the entire agreement affecting this purchase transaction ("Agreement") and save as otherwise expressly provided under any applicable law, no other agreement, understanding, representation, condition or warranty, either expressed or implied by law or otherwise, shall form part of this purchase transaction and any such agreement, understanding, representation, condition or warranty are hereby expressly excluded.

Sales Consultant Fabian Leong

Approved and Accepted by \_\_\_\_\_

Date \_\_\_\_\_

(This Agreement is not binding on the Vendor unless approved and accepted by an authorised representative of the Vendor.)

Prices and specifications may be subject to change without notice.  
Car must be registered upon successful bidding of COE.

