

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 17:13 (SGT)
Reported by	Both
Date of Accident	13/11/2022 10:40 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS UPPER CHANGI ROAD NORTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1722U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOO HAN KWANG
NRIC No	SXXXX283A
Email Address	looshanmi@gmail.com
Mobile Phone No	(Phone) +65-98359918
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01012675

DRIVER

Name of Driver	LOO HAN KWANG
NRIC No	SXXXX283A
Date Of Birth	27/01/1966
Occupation	Indoor

Date Of Driving Pass	04/10/1985
Driving experience	37 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98359918
Alt. Phone Number	-
Email Address	looshanmi@gmail.com
Address	BLK 554 PASIR RIS STREET 51 #10-129
Address complement	-
Postcode	510554
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	Collision - Change/cross lane
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	3
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	LOO SHAN MI
Gender	Female

PASSENGER 2

Name	TAY LEE CHAU
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221113/2061

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	SFQ8303M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOO SHAN MI
Gender	Female
Phone No	(Phone) +65-98359918
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLF1722U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAY LEE CHAU
Gender	Female
Phone No	(Phone) +65-97385426
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLF1722U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

<i>[Signature]</i> Policyholder's Signature / Date & Time	<i>[Signature]</i> Driver's Signature (if driver is not the policyholder) / Date & Time	<i>[Signature]</i> 14/11/2022 Witnessed by Reporting Centre Personnel
Sketch Plan	TPE Toward Uppar Changan Road North A = SLF 1722U B = SFQ 8303M	

Describe Circumstances of the Accident

Please Refer Police Report No. T/2022/113/2061

Declaration

We declare the foregoing particulars are true in every respect.

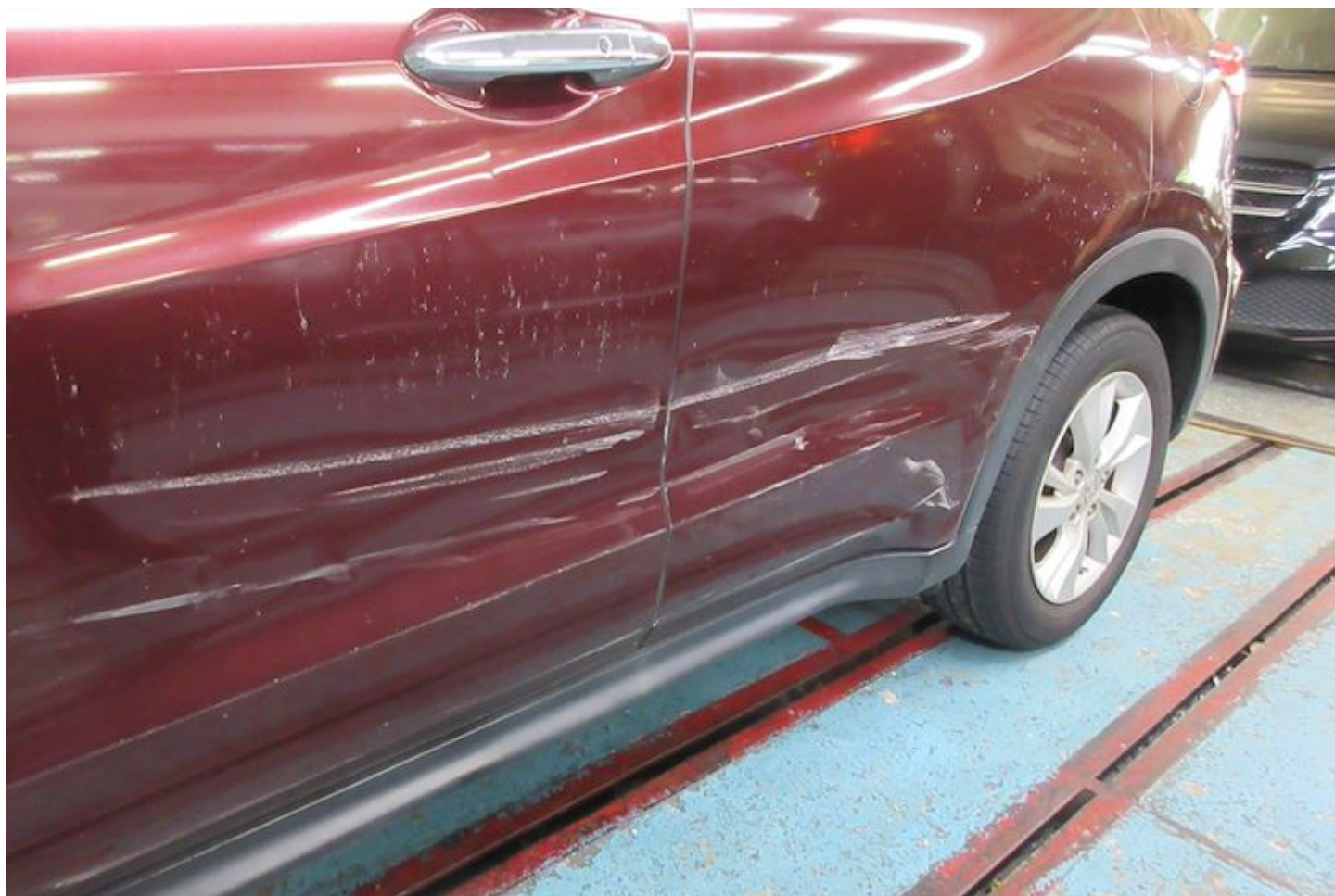
Policyholder's Signature / Date & Time

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

14/11/2022

Witnessed by Reporting Centre Personnel









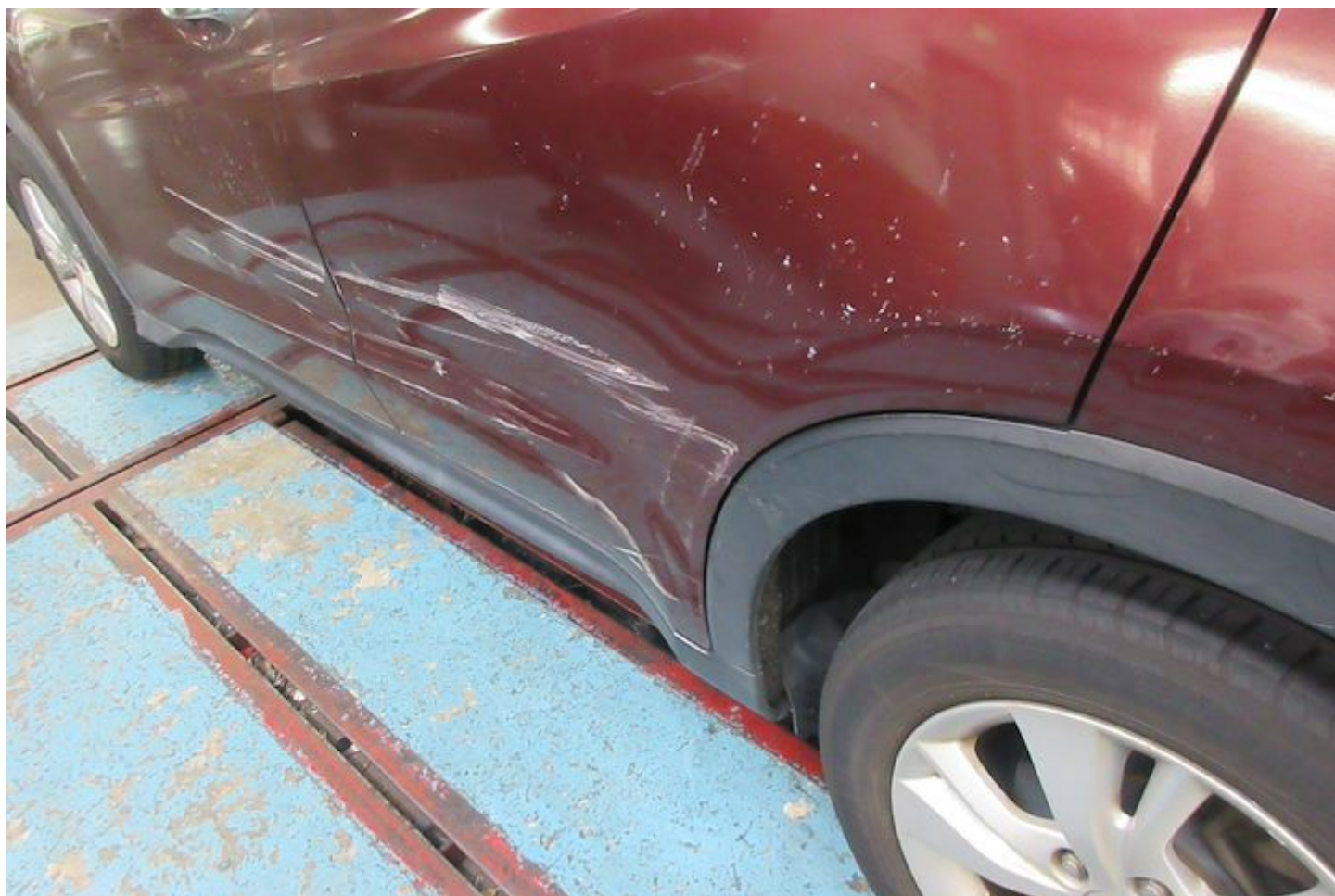




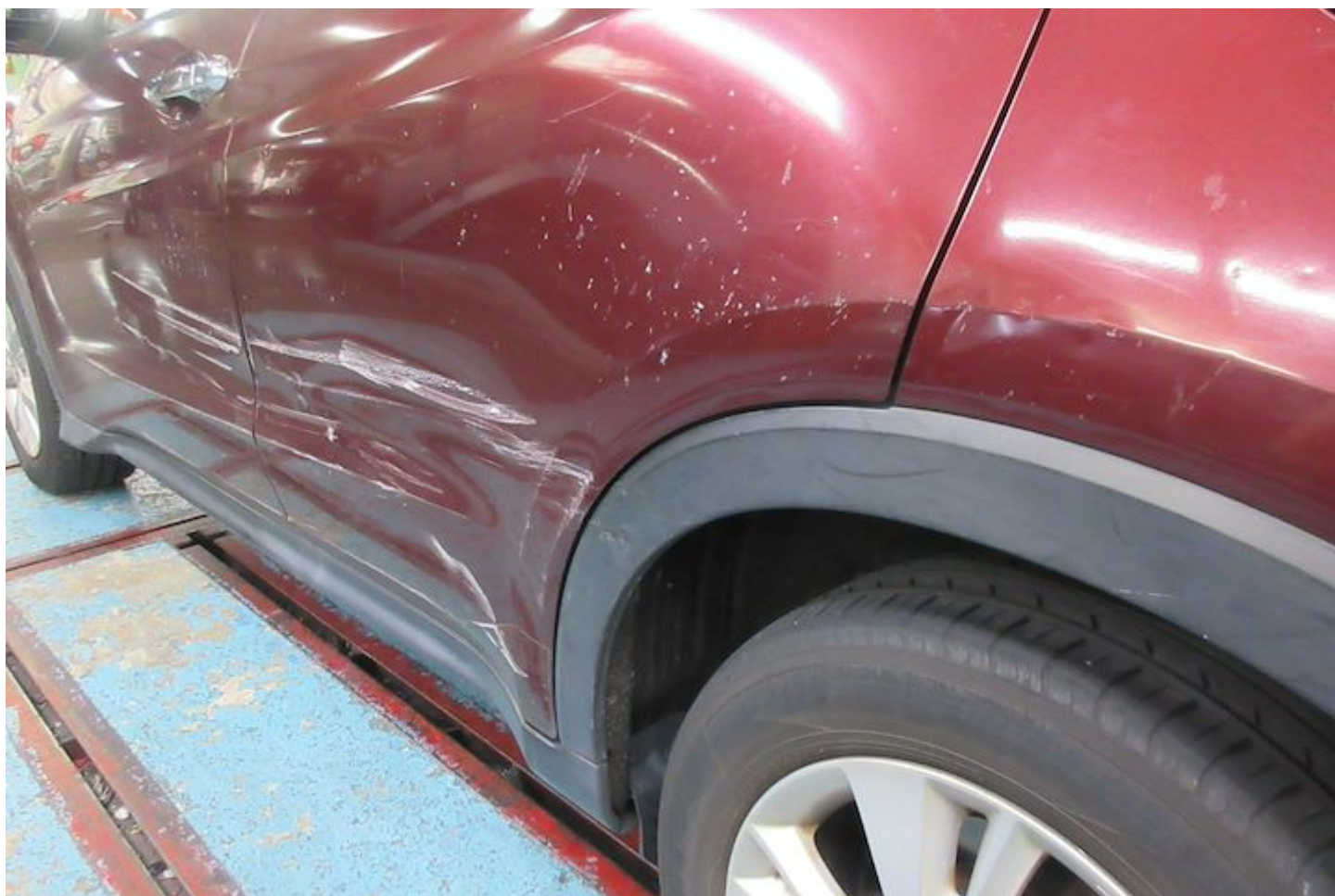

















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C.
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20221113/2061

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Report No. T/20221113/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2022 23:33	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: LOO SHAN MI	Address: APT BLK 554 PASIR RIS STREET 51 #10-129 SINGAPORE 510554		
ID Type / ID No.: NRIC NO / S9836524I	Contact No.:	Mobile: 98359918	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Female	Age: 24	Date of Birth: 29/10/1998	Type of Informant: Passenger
Race: Chinese	Language:	Institution / School Name:	
Occupation: Research officer (non-statistical)	Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/11/2022 10:40	Type of Location: X-Junction
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SFQ6303M	Car				Slightly Damaged	0
SLF1722U	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


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519457
Tel No: 1800-5852999



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Report No. T/20221113/2061

CONTINUATION OF REPORT

Passenger			
Name	LOO SHAN MI	ID No	S9836524I
Related Vehicle	SLF1722U (Car)	Contact No.	98359918
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/11/2022	Date Discharge	13/11/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	TAY LEE CHAU	ID No	S2607622F
Related Vehicle	SLF1722U (Car)	Contact No.	97385426
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/11/2022	Date Discharge	13/11/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 13/11/2022 at about 10.45am, my dad (SLF1722U) was driving along TPE towards Upper Changi Road North, Exit 1. At that point of time, he was on the 3rd lane. As we were approaching the traffic light, he slowed down, when suddenly a vehicle (SFQ8303M) cut into our lane from the left and collided onto the left side of my dad's car. This caused a scratch and a dent at the left rear passenger door.

Due to the impact of the accident, both me and my mum suffered some minor injuries. I had a strain neck while my mum had some strain on her shoulder, back and there is a bruise on her left elbow. My dad is not injured.

The particulars of the other driver:
Lim Yiping, Esther
HP: 97944603

We managed to exchange particulars and we agreed to do insurance claiming.



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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



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Report No. T/20221113/2061

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 3 AMAL NADHIRAH BINTE
JUFRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable .

Date/Time:

13/11/2022 23:33

Officer In Charge Of Case:

TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168