

# 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 ..... 23/12/2022 11:50 (SGT)  
Reported by ..... Both  
Date of Accident ..... 22/12/2022 18:10 (SGT)  
Exact Location of Accident ..... Eunus Rd 5, Singapore  
Additional Location Information ..... JUNCTION OF EUNOS ROAD 5 AND EUNOS AVENUE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJJ4428C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... POH LEONG CHEW  
NRIC No ..... SXXXX938F  
Email Address ..... leongchew99@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-90622602  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Qashqai  
Variant ..... SUV  
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 ..... 1200

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPV01007504

### DRIVER

Name of Driver ..... POH LEONG CHEW  
NRIC No ..... SXXXX938F  
Date Of Birth ..... 13/10/1972  
Occupation ..... Indoor

Date Of Driving Pass .....	27/05/2003
Driving experience .....	19 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90622602
Alt. Phone Number .....	-
Email Address .....	leongchew99@yahoo.com.sg
Address .....	NA
Address complement .....	-
Postcode .....	-
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 - Major/Minor Rd
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 ATTACHED VIDEO AND STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNH7764A
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Airwave
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	NEO GEK CHOO,JENNY
NRIC No .....	SXXXX212E

Contact Number .....	(Phone) +65-97821768
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	India International Insurance Pte Ltd
Nature Of Damage .....	ACCIDENT
Details of property damaged in accident .....	FRONT PORTION
No. Of Passenger (Including Driver) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	FRANTINE
Phone .....	(Phone) +65-98366115
Email .....	-

# SKETCH PLAN

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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.

*[Signature]* 23 Dec 1045H

NA

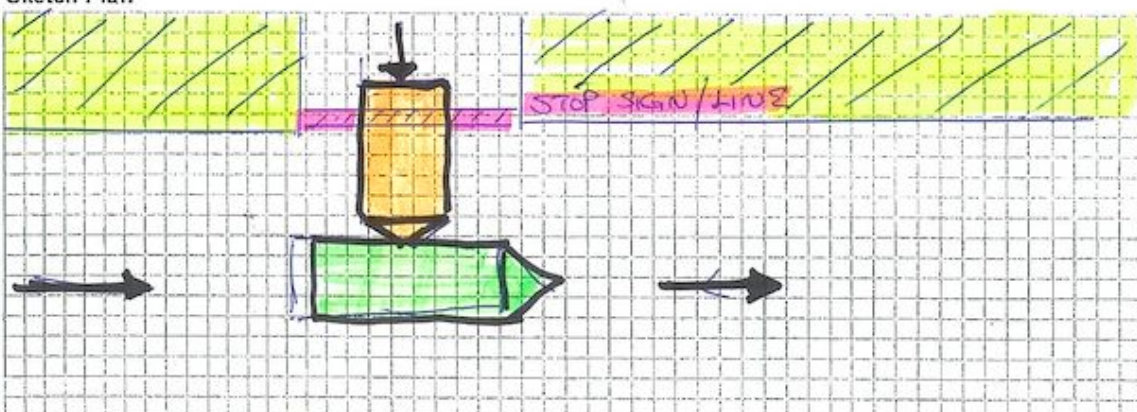


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

On 22 Dec at about 1810H, I was driving along Eunos Road 5 at normal speed. Suddenly, a car (SWH 7764A) came out from Eunos Ave 3 without stopping and hit my left side rear door and tyre. She was driving very fast and I have no visual on the car coming from the small lane (Eunos Ave 3).

I have attached all the photos taken on scene and Mr Jenny and myself are safe during the situation.

There was a witness, Mr Prantine which she also stopped by to assist both of us.

Declaration

We declare the foregoing particulars are true in every respect.

 23 Dec 10 451H

N.A



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel























































