

## 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 ..... 27/12/2022 16:39 (SGT)  
Reported by ..... Both  
Date of Accident ..... 27/12/2022 13:38 (SGT)  
Exact Location of Accident ..... Clementi Ave 6, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK3348X

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Mitsubishi HC Capital Asia Pacific Pte. Ltd.  
Company Reg No ..... 199400399N  
Email Address ..... automotiveworkshop@mitsubishi-hc-capital.com.sg  
Mobile Phone No ..... (Phone) +65-68336274  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 0

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTHCVE000882

#### DRIVER

Name of Driver ..... LEE JOO CHOON  
NRIC No ..... S7888890C  
Date Of Birth ..... 20/06/1978  
Occupation ..... Outdoor

Date Of Driving Pass .....	25/02/2013
Driving experience .....	9 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94550637
Alt. Phone Number .....	-
Email Address .....	JOOCHOON@GMAIL.COM
Address .....	APT BLK 548 JURONG WEST STREET 42 #02-173
Address complement .....	-
Postcode .....	640548
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	LESSEE
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 - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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) .....	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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	BGT6034
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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 ..... BGT6034  
Vehicle Manufacturer ..... Toyota  
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**

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 Traffic Police Department for investigation.**
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.



*[Signature]*

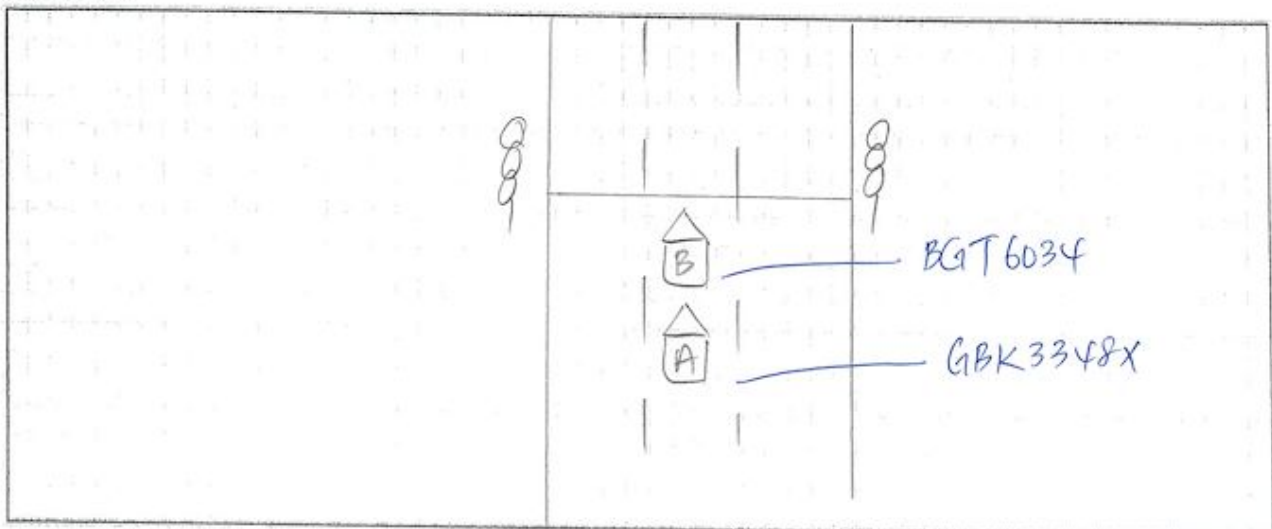
*[Signature]*  
CHAI KAR YEE

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

I was travelling straight, the traffic lights turning to red, CAR B suddenly brake, I apply my brake too but couldn't stop in time and collided onto his rear.

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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



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















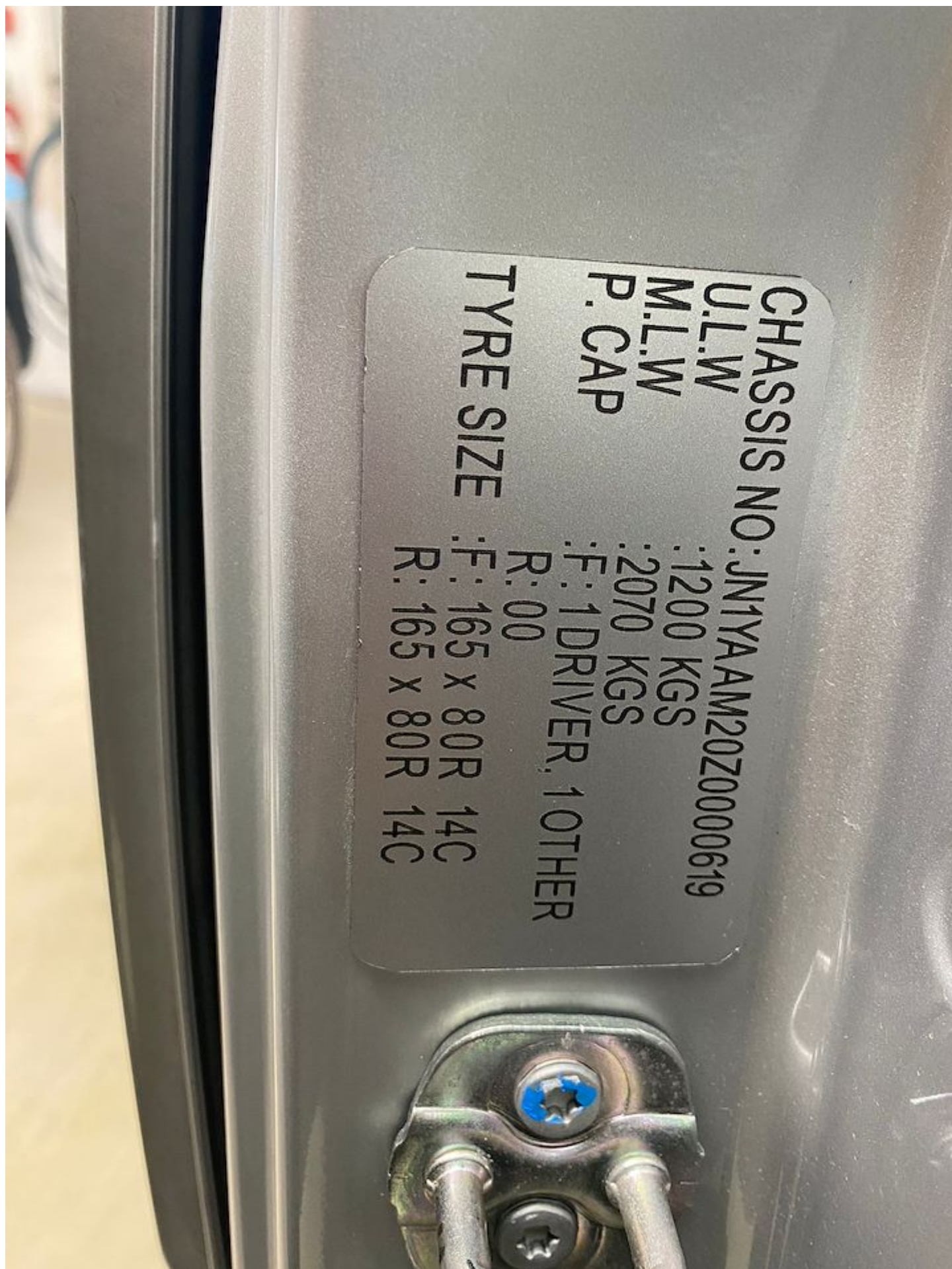




















**SINGAPORE  
POLICE FORCE**



D/20221227/7025

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221227/7025

Victim			
Person Name	BGT6034		
Person Name	LEE JOO CHOON		
ID Type	NRIC NO	ID No	S7888890C
Gender	Male	Age	44
Race	Chinese	Language	English
Occupation	Air-conditioning/Refrigeration engineer	Address	548 JURONG WEST STREET 42 #02-173 SINGAPORE 640548
Mobile No	94550637	Is Informant A Victim?	Yes
Person Name	LEE JOO CHOON (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
27/12/2022 14:32

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



D/20221227/7025

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20221227/7025

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 27/12/2022 14:32	Vide Report No.	Station Diary No.
Name Of Informant LEE JOO CHOON	Address 548 JURONG WEST STREET 42 #02-173 SINGAPORE 640548	
ID Type / ID No. NRIC NO / S7888890C	Contact No. Home/Office:	Mobile: 94550637
Nationality MALAYSIAN	Email Address JOOCHOON@GMAIL.COM	
Occupation Air-conditioning/Refrigeration engineer	Sex Male	Age 44
Institution/School Name	Date of Birth 20/06/1978	Race Chinese
Date/Time Of Incident 27/12/2022 13:30	Location Of Incident CLEMENTI AVENUE 6	

**Brief details.**

I DRIVING MY CAR GBK3348X, ALONG CLEMENTI AVE 6. I WAS TRAVELLING STRAIGHT, THE TRAFFIC LIGHTS TURNING TO RED, CAR B(BGT6034) SUDDENLY BRAKE, I APPLY MY BRAKE TOO BUT COULDN'T STOP IN TIME AND COLLIDED ONTO HIS REAR.

Subjects Involved	
Suspect	
Person Name	BGT6034

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2022 14:32
Officer In-Charge Of Case:	Classification Of Case:



**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: SM0W22CR0002 Vehicle Registration No: GBK3348X

Name (as shown in NRIC): Mitsubishi HC Capital Asia Pacific Pte. Ltd NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): 68336274 Mobile No.: 94550637

Email Address: JOOCHOON@GMAIL.COM

Date of Accident: 27/12/2022 Time of Accident: 13:38

Place of Accident: Clementi Ave 6

Insurance Company: Sompo Insurance Singapore Pte. Ltd.

**(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:

Upload police report page 1.

---

---

---

---

---

---

---

---

---

---



\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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

GIARMC Addendum Form