SN09232R0004-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 27/02/2023 13:19 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 2 (28/02/2023 09:58 (SGT))

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 witholding 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	27/02/2023 13:19 (SGT)
Reported by	Driver
Date of Accident	24/02/2023 23:16 (SGT)
Exact Location of Accident	Bras Basah Rd, Singapore
Additional Location Information	JUNCTION WITH BEACH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2498C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHIANG HOWE
NRIC No	SXXXX675J
Email Address	jasminelgc@hotmail.com
Mobile Phone No	(Phone) +65-64239747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Elgrand
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	2488

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE001719

DRIVER

Name of Driver	LEE GUAN CHENG
NRIC No	SXXXX446I
Date Of Birth	23/04/1990
Occupation	Outdoor

Date Of Driving Pass	19/11/2012
Driving experience	10 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91281431
Alt. Phone Number	-
Email Address	jasminelgc@hotmail.com
Address	27 SIMON PLACE
Address complement	-
Postcode	545967
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER (FILE TOO BIG)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK3306L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MAXIMILIAN CHNG SHI JIE

NRIC No	SXXXX600A
Contact Number	(Phone) +65-96280973
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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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

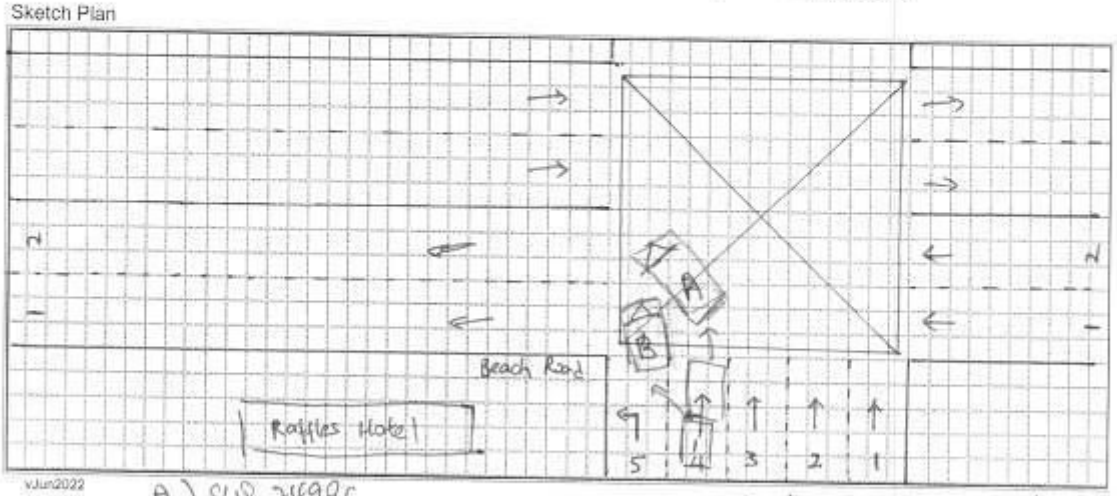
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

27/2 12:59
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

27/02/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

A) SLQ 2498C
B) SMK 3306L

Describe Circumstance of the Accident

① Accident happened at junction of Bras Basah ~~Brassah~~ road and Beach Road.
Fifth lane (bus lane) → left turn only (other party car in this lane)
Forth lane → left turn and straight lane (I was turning left into Beach Road).

② Other party was behind me on Bras Basah Road before the traffic light. I signalled to turn left at the junction.
③ I initiated left turn into lane 2 of Beach Road after checking for pedestrians and traffic light was in my favor.
④ Midway through turn, there was a collision.
⑤ other party appeared to be going straight instead of turning left.

* From rear camera view, other party was behind me and ~~tried to~~ tried to overtake on the left-most lane (lane 5).

* on saturday 9.31 am, called insurance company and explained incident over phone.
* on saturday 6.13 pm, received whatsapp message for offer of private settlement from other party.

Declaration

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

Policyholder's Signature / Date & Time

27/2 12:59
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

27/02/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

2

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

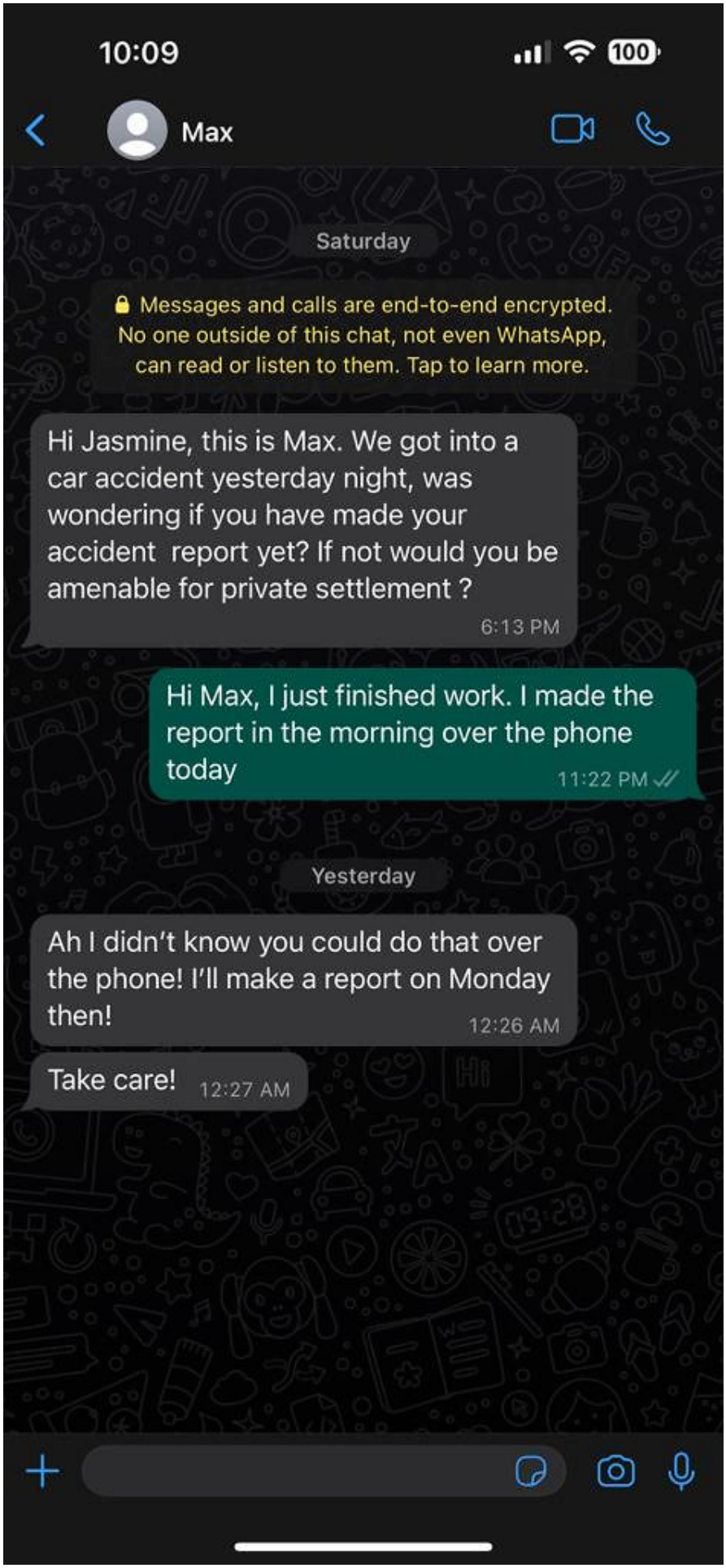
IMAGES #9

IMAGES #10

IMAGES #11


NISSAN MOTOR CO., LTD. JAPAN
型式 TYPE TIPO
E52
CHASSIS NO.
NO. DE CHASIS
JN1TBAE52Z0802621
MODEL
MODELO
TDBARVWE52ED7Y408Z
カラー COLOR, TRIM
トリム COLOR, GUARNICION
CAS X
エン ENGINE
ジン MOTOR
QR25(DE) 2488 cc
ミッション TRANS., AXLE
アクスル TRANS., E.JE
RE0F10B GN61
日産自動車株式会社
工場 PLANT
PLANTA
MADE IN JAPAN
9
JN1TBAE52Z0802621

IMAGES #13


10:09
100
Max
Saturday
Messages and calls are end-to-end encrypted. No one outside of this chat, not even WhatsApp, can read or listen to them. Tap to learn more.
Hi Jasmine, this is Max. We got into a car accident yesterday night, was wondering if you have made your accident report yet? If not would you be amenable for private settlement ?
6:13 PM
Hi Max, I just finished work. I made the report in the morning over the phone today
11:22 PM
Yesterday
Ah I didn't know you could do that over the phone! I'll make a report on Monday then!
12:26 AM
Take care!
12:27 AM

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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: SNO3R0004 Vehicle Registration No: SLQ2498C

Name (as shown in NRIC): LOH GUAN HENG NRIC/FIN/Passport No: S[illegible]4E

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 91281431

Email Address: _____

Date of Accident: 24/02/2023 Time of Accident: 22:46

Place of Accident: BEDOK BASAH ROAD JUNCTION WITH BEACH 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:

TO UPLOAD SKETCH PLAN SIGN BY OWNER

Policyholder / Actual Driver's Signature
Date:

28/07/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

v1Jun2022