

# 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 .....	27/02/2023 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
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### 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 .....	D22MTPV01010169

### 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) .....	-

Describe Circumstance of the Accident

① Accident happened at junction of Bras Basah road and Beach Road.  
 Fifth lane (bus lane) → left turn only (other party car in this lane)  
 Fourth 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 <sup>traffic</sup> 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 <sup>tried</sup> ~~to~~ to overtake on the left-most lane (lane 5).

\* On Saturday 9.31 am, called insurance company and explained incident over phone

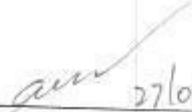
\* on Saturday 6.13 pm, received whatsapp message for offer of private settlement from other party.

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)

**SKETCH PLAN**

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

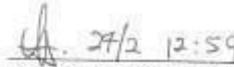
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

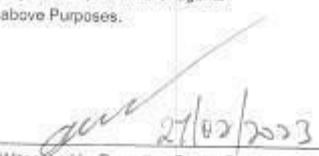
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

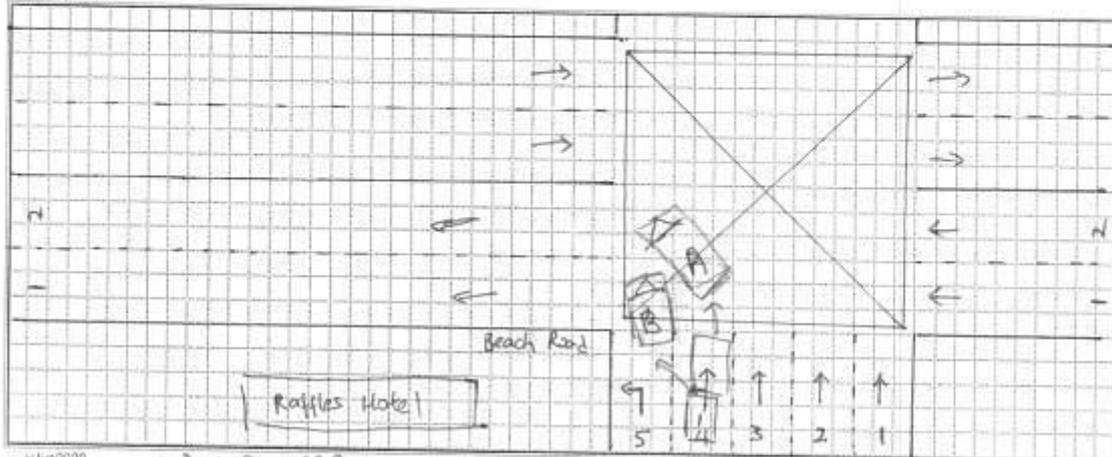
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 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

Bras Basah Rd

















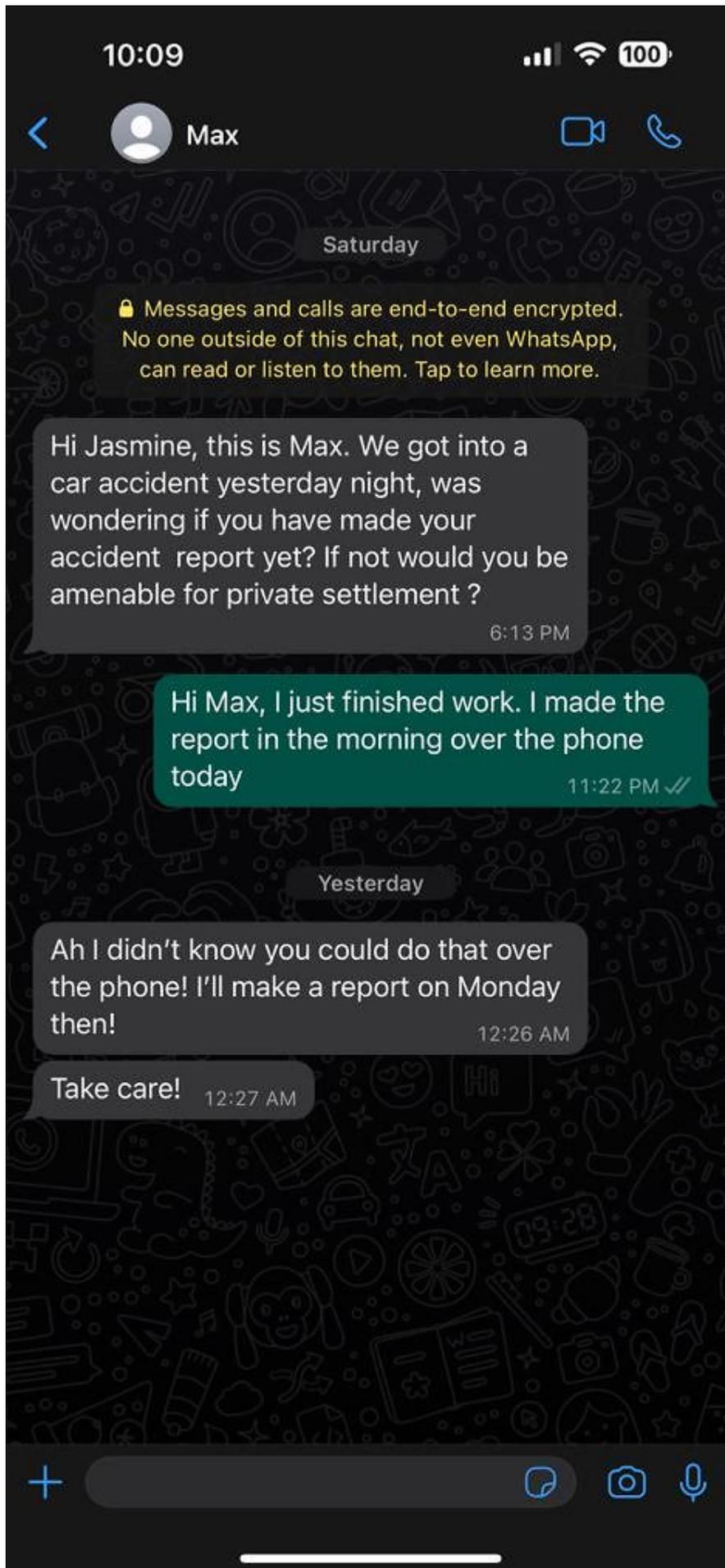






















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09232R0004 Vehicle Registration No: SLQ 2498C  
 Name (as shown in NRIC): LEE GUAN CHENG NRIC/FIN/Passport No: 8XXXX446I  
 (+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: 23:16  
 Place of Accident: BRAS BASAH Junction with Bras Basah 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:

Policy NUMBER is D22MTPV01010169  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

[Signature] 28/02/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: