

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 15:35 (SGT)
Reported by Driver
Date of Accident 26/02/2023 23:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALIWAL STREET / PAHANG STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB9653D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOGESWARI D/O BALAKRISHNAN
NRIC No S7772340D
Email Address LEABHRVINN11@GMAIL.COM
Mobile Phone No (Phone) +65-91824899
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Subaru
Model Xv
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 2000

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTPV01007065

DRIVER

Name of Driver LEABHRUINN SEAH YI QUAN
NRIC No T0235309H
Date Of Birth 18/11/2002
Occupation Indoor

Date Of Driving Pass	16/03/2022
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93858524
Alt. Phone Number	-
Email Address	LEABHRVINN11@GMAIL.COM
Address	BLOCK 3302 YISHUN RING ROAD #12-1428
Address complement	-
Postcode	760330
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	Collision - Cross Junction
Weather Conditions	HEAVY RAINS
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?	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 TO SKETCH PLAN

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	SKU7821K
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD HASYIR BIN MUHAMMAD
NRIC No	S9441907G

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 Authorised 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' law yers/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 w ith my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or 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 w ith applicable law in administering, processing, handling and/or dealing w ith my claims (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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:

I was driving along Aliwal Street towards NICOLL Highway, as it suddenly decided to rain heavily again and the road was blocked by vehicles, I did not see the stop sign or the stop line thus did not stop but only slowed down. I did not see any car on my right and concluded that it was safe to carry on and accelerated, driver Muhammad Hasyir with his wife was driving his KIA S807821K along Pahang Street, probably just moving off as he was towards the right lane, upon seeing him I tried to jam my brake and apply emergency braking but could not stop in time, resulting in a crash.

Declaration

I/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

Witnessed by Reporting Centre Personnel



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #03-03
 Singapore Land Tower, Singapore 048623
 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg
 Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11S12207

Policy No. : D22MTPV01007065

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.30

Insured : LOGESWARI D/O BALAKRISHNAN
 Address : BLK 330 YISHUN RING ROAD
 SINGAPORE 760330
 Business/Profession : CIVIL SERVANT

INSURED DETAILS

Date of Birth & Age : 11 JUL 1977 & 44 years old
 Driving Experience in : 23 years
 Singapore
 Identification Type : NRIC(Singaporean)
 Identification No. : S7772340D
 Marital Status : SINGLE
 Gender : Female

Period of Insurance : 28 APRIL 2022 00:00 TO 27 APRIL 2023 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS

Vehicle Registration No. : SLB9653D
 Chassis No. : JF1GP3KC5GG170284
 Engine No. : FB16Y248652
 Vehicle Make & Model : SUBARU XV 1.6
 Engine Capacity : 1600
 NCD Entitlement : 50%
 Year of Registration : 2016
 NCD Protection : Yes
 Estimated value of Vehicle : Market value at time of loss
 Hire Purchase Owner : NIL

PREMIUM DETAILS

Premium after applicable discount(s) : S\$ 1,165.14
 GST : S\$ 81.56
 Premium (incl. GST) : S\$ 1,246.70

Coverage : Comprehensive - ExcelDrive PRESTIGE

Excess : \$ 600 - Section I

Voluntary Excess : N/A

Additional Excess :
 Named Young and/or Inexperienced Drivers : S\$1,500
 Un-named Young and/or Inexperienced Drivers : S\$3,000
 Un-named All Other Drivers : S\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.
 'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

Windscreen Excess : S\$100.00 for each and every applicable claim.

Endorsements Applicable :
 Endorsement AA1 - ExcelDrive Prestige Plan
 Endorsement D1 - Young and/or Inexperienced Drivers
 Endorsement E - Excess Clause
 Endorsement H - Total Loss
 Endorsement M - Inclusion Of Special Perils
 Endorsement P6 - Riot And Strike Endorsement
 Endorsement V - No Claim Discount Protection
 Endorsement Z - Loss of Use Benefit

Additional Cover : NIL













