

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	28/02/2023 10:35 (SGT)
Reported by	Owner
Date of Accident	27/02/2023 12:10 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AFTER CLEMENTI ROAD BEFORE NUH HOSPITAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6101E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
Company Reg No	1XXXXX399N
Email Address	athens.tanly@gmail.com
Mobile Phone No	(Phone) +65-98525898
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01010875

DRIVER

Name of Driver	TAN CHAK YEE
NRIC No	SXXXX090A
Date Of Birth	25/03/1987
Occupation	Indoor

Date Of Driving Pass	28/08/2010
Driving experience	12 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98525898
Alt. Phone Number	-
Email Address	athens.tanly@gmail.com
Address	BLK 57 TEBAN GARDENS ROAD #25-471
Address complement	-
Postcode	600057
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS8661Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHAK YEE
Gender	Female
Phone No	(Phone) +65-98525898
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM6101E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' law firms/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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

MITCHELL MC CARTHY ASIA PACIFIC PTE. LTD. Kevin Chang (M) Manager Total Vehicle Solutions Department		28/02/2023	
Policyholder's Signature / Date & Time _____	Driver's Signature (if driver is not the policyholder) / Date & Time _____	Witnessed by Reporting Centre Personnel _____	
Sketch Plan AVE AFTER CLEMENTI ROAD BEFORE NUH HOSPITAL			
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px;">A</div> <div style="border: 1px solid black; padding: 5px;">B</div> </div>			
(K) SM 6101 E (B) SLS 8661 Y			

Describe Circumstances of the Accident

On 27.10.2023 at about 1210hrs, I was travelling along AYE After Clement Rd before Nuff. The traffic was on moderate move. Ahead of me, there's a vehicle slow down and stop. I follow suit. While waiting, all of a sudden I felt an impact from the rear. Then I realised a vehicle SL5 8661Y had collided onto my rear.

Declaration

We declare the foregoing particulars are true in every respect.

MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

Karen Chang (RM)
Manager
Total Vehicle Solutions Department

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

28/10/2023

















