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.

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 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 10/03/2023 17:51 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 10/03/2023 07:40 (SGT) Exact Location of Accident Jurong West Ave 2, Singapore Additional Location Information TOWARDS CORPORATION ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SLV2567T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHAI TIEN (CHEN CAIZHEN) NRIC No SXXXX260H Email Address gilltan@gmail.com Mobile Phone No (Phone) +65-98335195 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Tucson 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 No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01020771

DRIVER

Name of Driver TAN CHAI TIEN (CHEN CAIZHEN) NRIC No SXXXX260H Date Of Birth 02/07/1971 Occupation Indoor

Date Of Driving Pass 09/11/1992 Driving experience 30 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-98335195 Alt. Phone Number Email Address gillgay12@gmail.com Address 60 CHESTNUT AVENUE #13-01 Address complement Postcode 679517 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 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) 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? Nο 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 YM4448B Vehicle Manufacturer Isuzu Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

Name of Driver
Contact Number

Address	-
Address complement	-
Postcode	-
nsurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report parectly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Poljovholder spcfor the Actual Driver.
- 3. Information provided must be as frughful and accurate as possible. Any wiful 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. 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 aforesold.
- 8. Consent under the Personal Data Protection Act (PDPA)

l-understand, acknowledge, agree and consent that.

(a) My insurer, my workship 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 impater such Personal Information to at 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 unlist(tively referred to as the "insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government egency/authority (such as the police), for the purpose(s) of

(i) processing, handing audior dealing with my claims including the sattlement of the claims and any necessary investigations relating to

(ii) investigating the pockent and/or my claims:

(iii) carrying out antilor dealing with my instructions or nesponding to any enquiries by me;

(iv) administrating my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of occars personal data about me to bring about delivery of the same as well as on the external cover of envelopeshnul. (snokages); and/or

(v) complying with applicable law in administrating, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(b) all insurer(s) who have insured vahicle(s) involved in this accident and the frequent lawyersliew times, may/are permitted to exlicat use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal information mayoun 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

nature / Date & Time Actual Driver's Signature (if driver is not the Appearant by Reporting Centre P policyholder) / Bale /i Time (Name as in NRIC/ID card) Sketch Plan

Describe Groumstance of the Accident
On the stated date and time, I was driving along the mention
route and traffic from was conjusted, I saw volicle B (YM444)
was driving and driving to passby my vehicle A (SW256AT)
I slow down and step, give way but it drove onto my side and the
vear portion drag and my front left side and cause damage to
my left portion -
volucle A SIV25647
Velacle B YM 4448B.
Declaration
I/We doctare the foregoing particulars are true in every respect.

Policyholder Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Vernessed by Reporting Centre / Date & Time (Name as in NRtC/ID card)

v.lun2022





































