

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	13/03/2023 12:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/03/2023 11:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE LANE 1 TOWARDS CDC UBI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU4603A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN XIAN QING
NRIC No	SXXXX715G
Email Address	xianqing@live.com
Mobile Phone No	(Phone) +65-90022705
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF155 CONNECTED
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	Motorcycle
Transmission	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01006691

DRIVER

Name of Driver	CHAN XIAN QING
NRIC No	SXXXX715G
Date Of Birth	29/05/1996
Occupation	Outdoor

Date Of Driving Pass	21/04/2017
Driving experience	5 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90022705
Alt. Phone Number	-
Email Address	xianqing@live.com
Address	APT BLK 803 TAMPINES AVENUE 4
Address complement	# 04-65
Postcode	520803
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	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 THE ATTACHED STATEMENT

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	SJW2453Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-81809161

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN XIAN QING
Gender	Female
Phone No	(Phone) +65-90022705
Address	APT BLK 803 TAMPINES AVENUE 4
Address Complement	# 04-65
Post Code	520803
Approximate Age Years Old	-
Injuries Sustained	LOWER LIMB,BRUISES ON BACK AND ABRASION
Injured person in which vehicle?	FBU4603A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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4. The use and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any use 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 submission 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. Consider 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 and 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

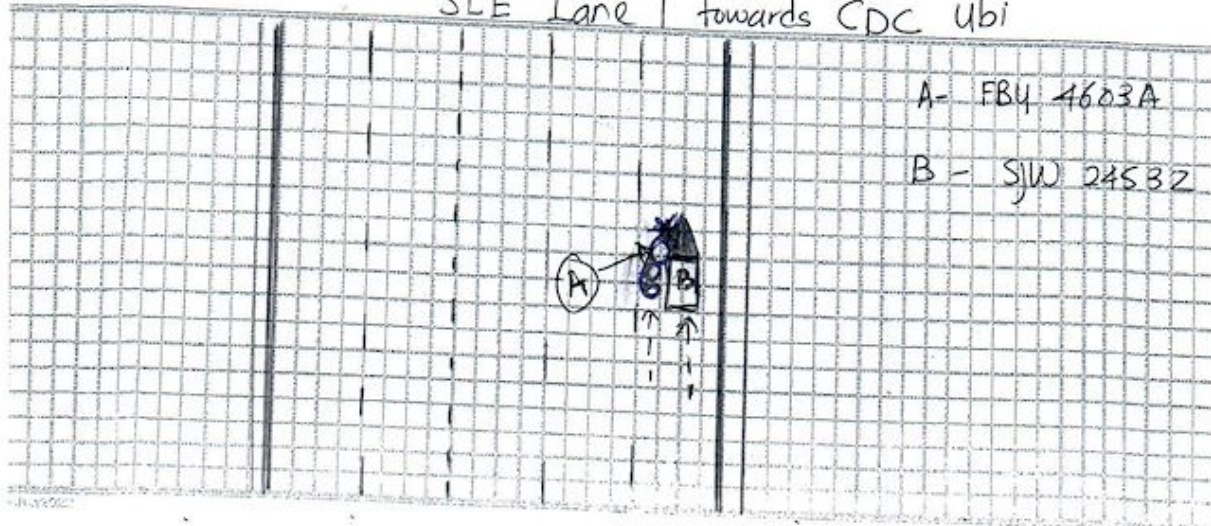
13 MAR 2023
Policyholder's Signature / Date & Time

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

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

Sketch Plan

SLE Lane 1 towards CDC Ubi



Describe Circumstance of the Accident

WAS MAKING MY WAY TO CDC DRIVING CENTRE (UB1) FROM SSDC WOODLANDS AT
 AROUND 1100 HRS. TRAVELLING AT SLE LANE 1 TOWARDS THE DESIGNATION AND
 DUE TO ~~OBSTACLE~~ OBSTRUCTION (ROAD CLEANING AT LANE 1), I HAD TO ~~TO~~ CHANGE
 LANE. ~~WHILE CHANGING LA~~ DUE DURING THE PROCESS OF CHANGING LANE, HEAVY
 TRAFFIC GOING ON AT LANE 2 AND COULDN'T MAKE ANY LANE CHANGING..
 REMAIN AT MY ORIGINAL LANE (LANE 1) AND SACK VEHICLE DECIDE TO
 OVERTAKE AT LANE 1 ON MY RIGHT CAUSING IT TO HIT MY HANDLE BAR AND
 LOSS CONTROL OF MY VEHICLE. RESULTING MY VEHICLE TO HIT THE FENCE
 ON MY RIGHT AND FALL ON LEFT

TRAVELLING SPEED WAS ABOUT 450 KM/H.

Declaration

We declare the foregoing particulars are true in every respect.

X 13 MAR 2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
 (Name as on IRICAD card) 18/03/2023



























