

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	14/03/2023 15:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/03/2023 18:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	ALONG AYE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4543M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VINCENT SIOW LIP KWONG
NRIC No	S1541629G
Email Address	alfagt551@gmail.com
Mobile Phone No	(Phone) +65-98168214
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Alfa Romeo
Model	Giulietta
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	0

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01004248

DRIVER

Name of Driver	VINCENT SIOW LIP KWONG
NRIC No	S1541629G
Date Of Birth	26/09/1962
Occupation	Indoor

Date Of Driving Pass	25/04/1985
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98168214
Alt. Phone Number	-
Email Address	alfagt551@gmail.com
Address	32 SANDY LANE
Address complement	-
Postcode	437341
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	Collision - Change/cross lane
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

REFER TO ATTACHED.
AFTER THE ACCIDENT, MY FRONT RH DOOR INNER HANDLE SPRING IS LOOSER.

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	SND9395P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BEVERLY XU

NRIC No	-1
Contact Number	(Phone) +65-90309054
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Liberty Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

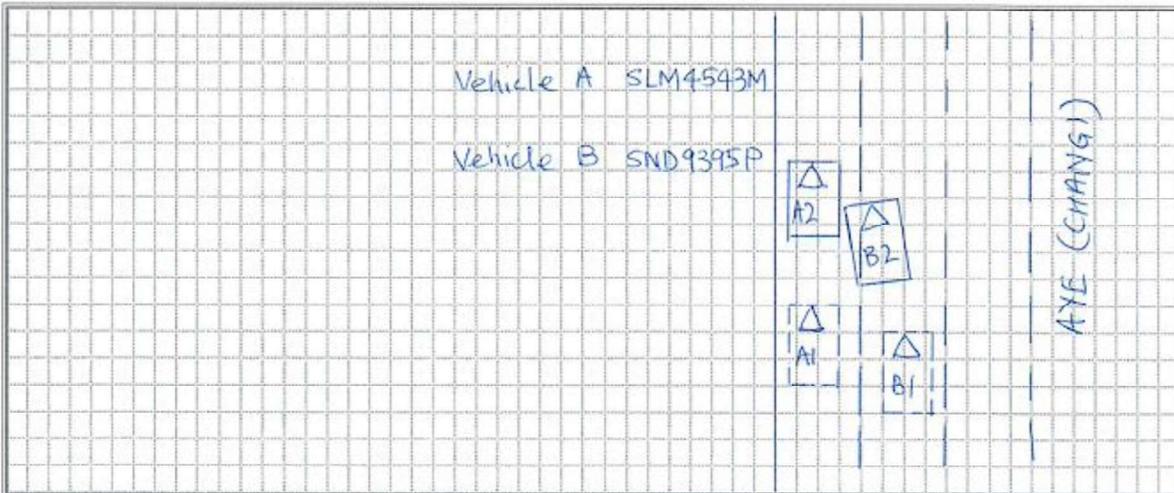
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
 Automotive Workshop
 8 Fourth Lok Yang Road
 Singapore 627705
 Tel: (65) 6466 3022
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 13/03/2023 at about 18:30hr, I was driving my vehicle - SLM 4543 M, along AYE in the direction of Changi. After the slip road to Portsdown Avenue, I was travelling along the extreme left lane. Vehicle number - SND 9395 P, suddenly hit me on my right and damaged my vehicle's right portion from my rear right fender to my right side mirror. The said vehicle then stopped her vehicle ahead of mine.

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

mitsubishi
MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
Automotive Workshop
8 Fourth Lok Yang Road
Singapore 629705
Tel: (65) 8466 8022



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









































AUTHORISATION TO ACT

I/We, _____ of _____
 _____, owner of SND9395P hereby
 authorized MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD, ("The Workshop") to act for
 me/us with respect to my/our claim for the repair costs and/or rental and/or loss of use for my/our vehicle
 number SND9395P that was damaged pursuant to the accident occurred on _____ at
 _____ involving vehicle number
 _____.

I/We further authorise the Workshop to settle my/our above-mentioned claim in a manner that they deem
 fit and **The Workshop** is further authorised to receive payment further to settlement of my/our claim with
 payment cheque being made in favour of MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD.

The settlement **The Workshop** may reach on my/our behalf is on without prejudice and without admission
 of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Pursuant to Personal Data Protection Act 2012, I/We hereby agree that **The Workshop** may disclose or
 share my personal data to any authorized service providers whom **The Workshop** would necessarily need
 to cooperate, interact or work in one way or another in serving me or meeting my requests.

*If I/we are not able to recover full amount for the repair cost from the 3rd Party's Insurance Company
 in 6 (six) months time from Invoice Date, MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD will
 bill to you/your Company for the balance/full amount of the repair cost. We will close this case without
 prior notice If we are unable to recover within 2 years.*

I/We understood the explanation done by The Workshop. X 

 (signature)

Dated this 14 day of mar (month) 2023 (year)



 Signed by Claimant
 (with Co's stamp for vehicle under Co's name)



 Signed by Mitsubishi HC Capital Asia Pacific
 Pte Ltd















