

## 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 .....	30/03/2023 15:33 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	30/03/2023 10:00 (SGT)
Exact Location of Accident .....	W Coast Hwy, Singapore
Additional Location Information .....	JUNCTION OF WEST COAST LINK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YN3845P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KIAN SENG FRESH PRODUCE PTE LTD
Company Reg No .....	2XXXXX767G
Email Address .....	RYAN.QUEK@KIANSENGFP.COM.SG
Mobile Phone No .....	(Phone) +65-67768566
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Fm65fm1rdea
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	7545

#### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTPCVE001060

#### DRIVER

Name of Driver .....	NG GUAN HU
Passport No/FIN .....	FXXXX262M
Date Of Birth .....	22/10/1965
Occupation .....	Outdoor

Date Of Driving Pass .....	14/01/2010
Driving experience .....	13 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91759313
Alt. Phone Number .....	-
Email Address .....	RYAN.QUEK@KIANSENGFP.COM.SG
Address .....	230A, PANDAN LOOP, ROOM 1
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	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

ON 30/03/2023 @ ABOUT 1000HRS. MY VEHICLE STATIONARY ALONG WEST COAST HIGHWAY TRAFFIC JUNCTION OF WEST COAST LINK. SUDDENLY I FEEL AN IMPACT FROM MY REAR. I NOTICE THAT REAR OF MY VEHICLE COLLIDED BY VEHICLE B. NO ONE WAS INJURED.

#### 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 .....	YQ4768G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	SALEH HUDIN BIN MOHD ZIN
- .....	SXXXX248E
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**

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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

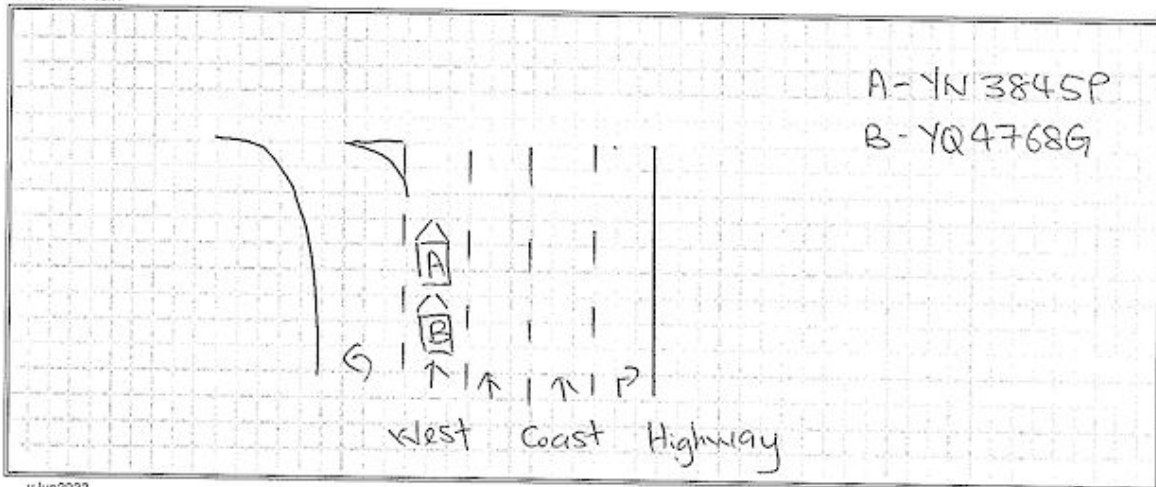
NGI GUAN HUE.

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**



vJun2022

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I/We declare the foregoing particulars are true in every respect.

NG GUAN HUE

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

SNG AH TEE MOTOR & PANEL SVC PTE LTD



























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: \_\_\_\_\_ Vehicle Registration No: YN 3845P

Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 30/03/2023 Time of Accident: 1000

Place of Accident: West Coast Highway

Insurance Company: Sompo

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- Report change to claim third party claim

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NG GUAN HUI



Policyholder / Actual Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: