

# 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 .....	14/04/2023 16:28 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/04/2023 15:00 (SGT)
Exact Location of Accident .....	Buckley Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMX9288Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG WEE HIAN(HUANG WEIXIAN)
NRIC No .....	SXXXX705B
Email Address .....	hian.scc@gmail.com
Mobile Phone No .....	(Phone) +65-96609950
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Lexus
Model .....	Rc 350
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	3456

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTPV01019789

### DRIVER

Name of Driver .....	NG WEE HIAN(HUANG WEIXIAN)
NRIC No .....	SXXXX705B
Date Of Birth .....	09/02/1976
Occupation .....	Indoor

Date Of Driving Pass .....	29/06/2018
Driving experience .....	4 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96609950
Alt. Phone Number .....	-
Email Address .....	hian.scc@gmail.com
Address .....	38 MAS KUNING TERRACE
Address complement .....	-
Postcode .....	126877
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	FRIEND
Gender .....	Female

#### 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 .....	SMC4628T
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHAI PIT LEE
NRIC No .....	SXXXXX025H
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:

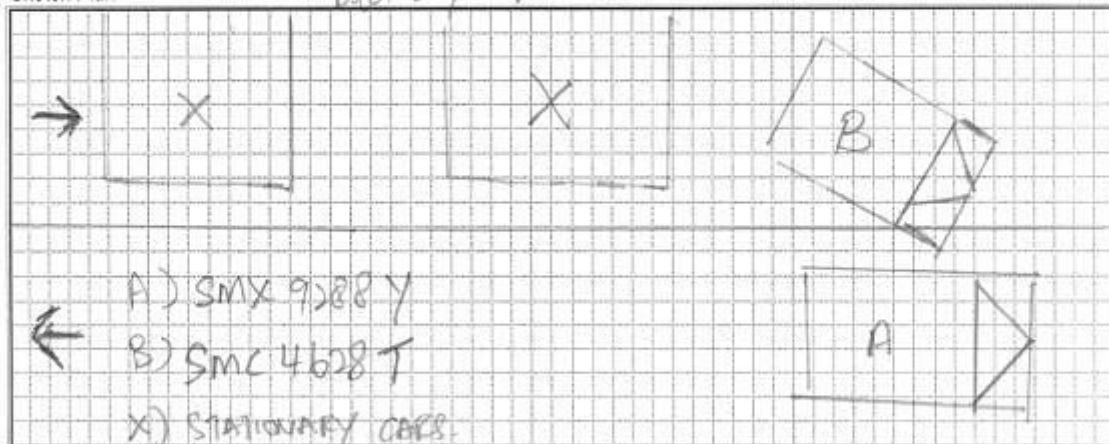
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

**Describe Circumstance of the Accident**

On 13-04-23, about 1500hr, I was travelling along Buckley Road. It was a 2-way single lane road and cars were parked along the lane that I was driving. I had to overtake all the parked cars and hence drove on the opposite lane. Suddenly, the third party car turned right and hit my left side of my car. I stopped by the road immediately and assessed the damages. There were just slight scratches to the side of my car. The other car SMC 96287 had a damaged right side mirror and some scratches to the front right bumper.

**Declaration**

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

 Policyholder's Signature / Date & Time 14/04/23 1600 HRS	 Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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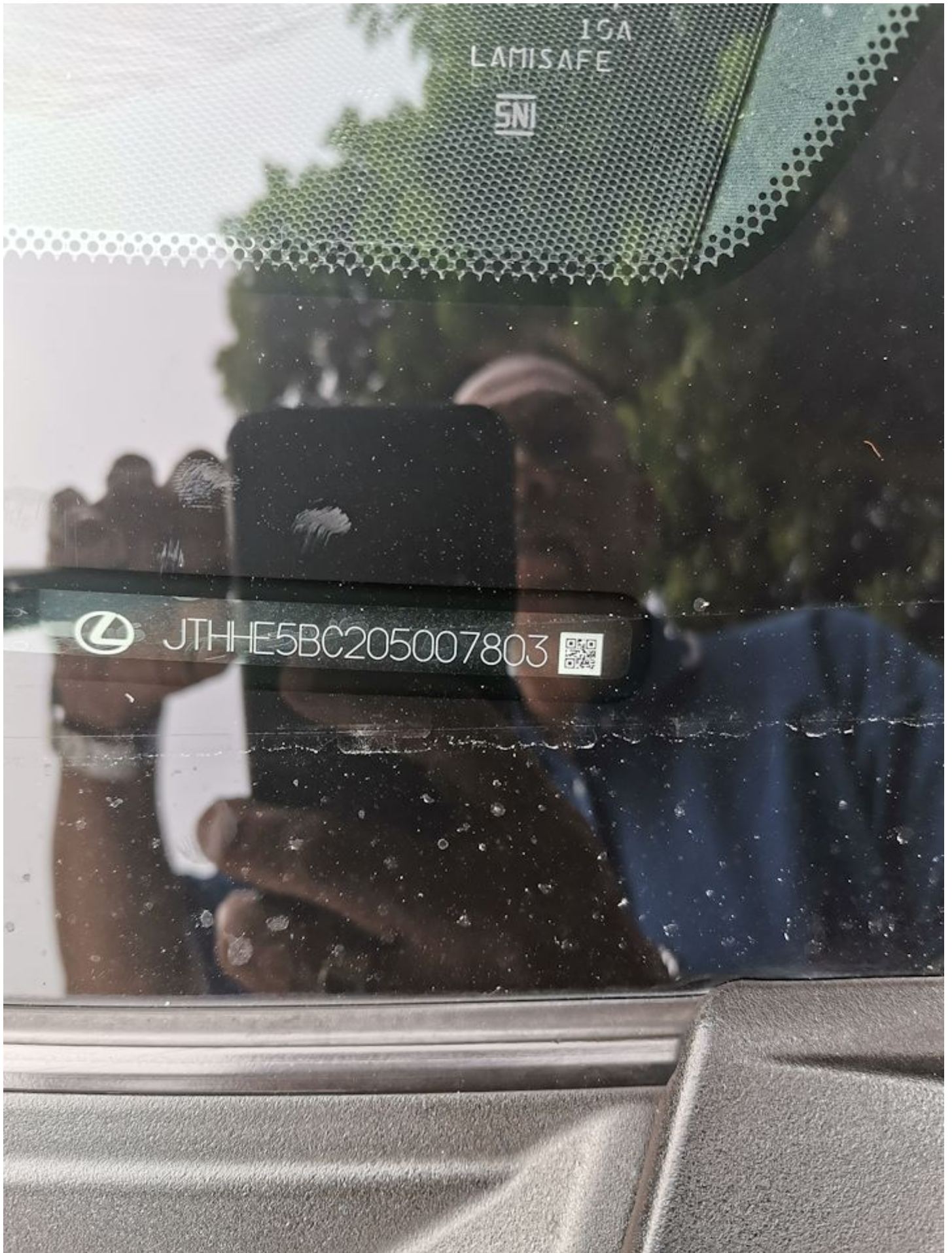








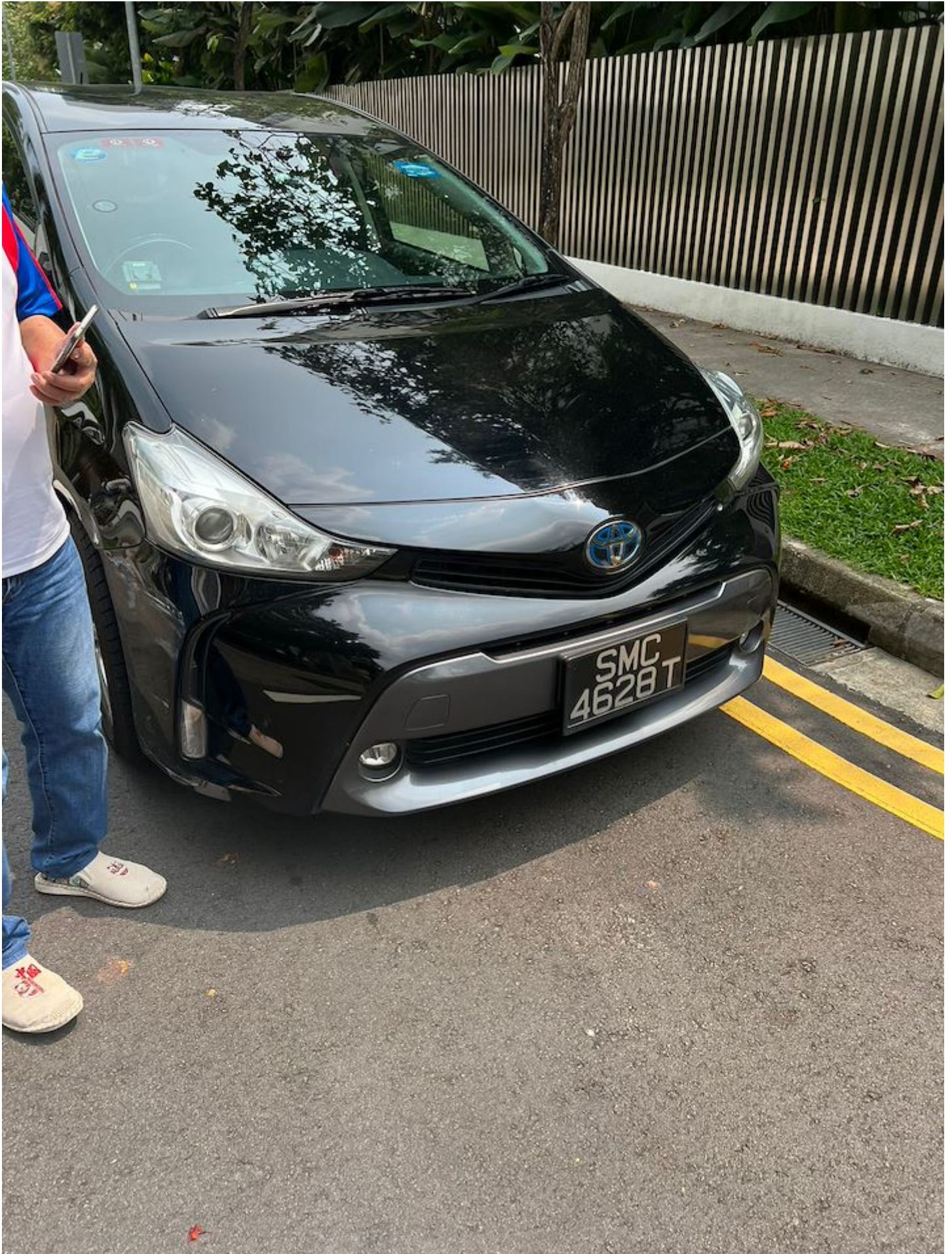
















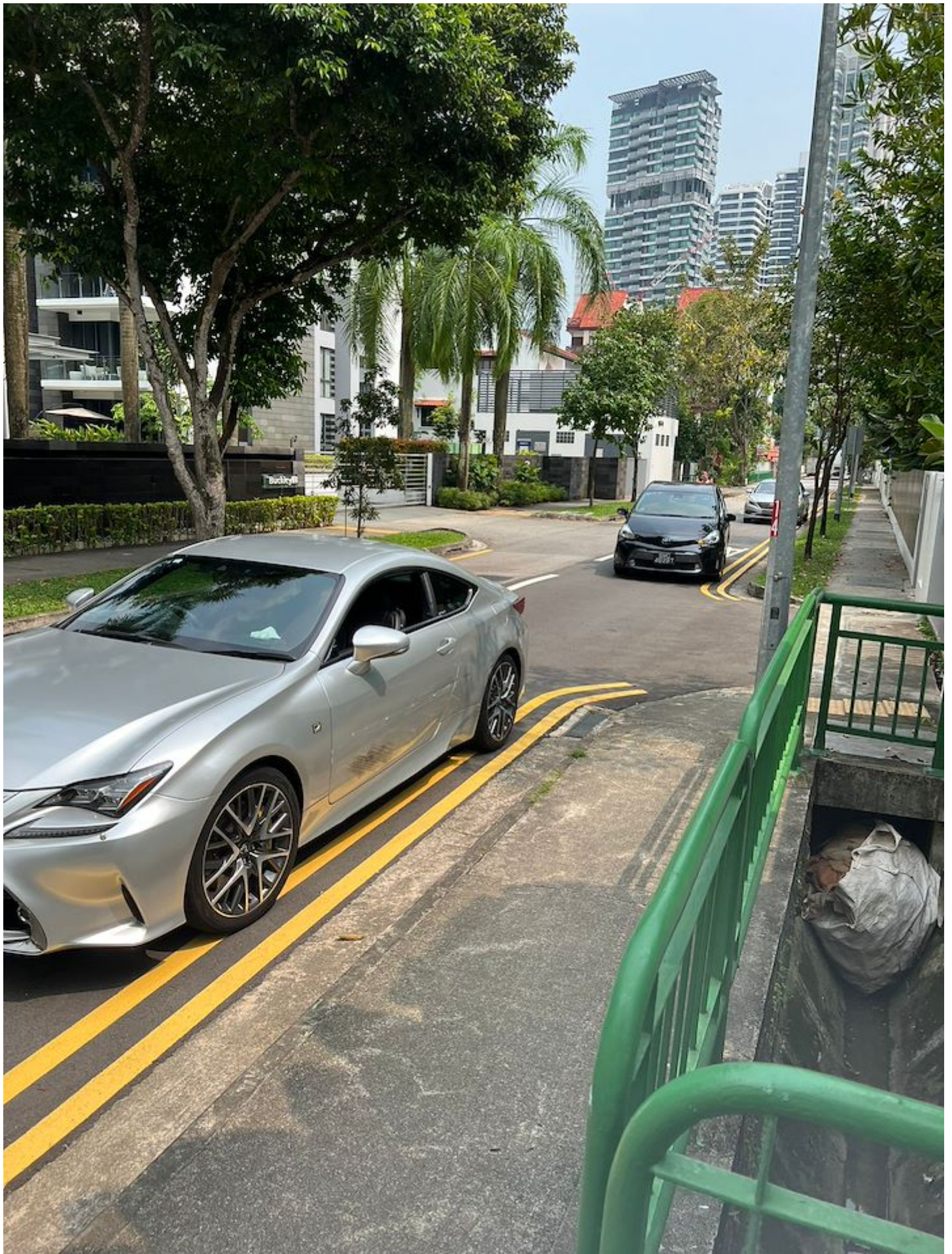
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

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

Original Report No: SN09234E0005 Vehicle Registration No: SMX 9288 Y  
 Name (as shown in NRIC): XU WEE HAN (HUBALL VERNIAU) NRIC/FIN/Passport No: SXXXX705B  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96609950  
 Email Address: \_\_\_\_\_  
 Date of Accident: 13/04/2023 Time of Accident: 1500  
 Place of Accident: Buckley Road.  
 Insurance Company: Somp

**(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:

INSURED VEHICLE NUMBER TO SMX 9288 Y

Policyholder / Actual Driver's Signature  
Date:

19/03/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: