

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	19/04/2023 11:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/04/2023 19:11 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	HEADING TO DHOBY GHAUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9717K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAMESH S/O BHAGWANDASS DUHILANOMAL NANDWANI
NRIC No	SXXXX547H
Email Address	mikenandwani@yahoo.com
Mobile Phone No	(Phone) +65-96350769
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01012075

DRIVER

Name of Driver	RAMESH S/O BHAGWANDASS DUHILANOMAL NANDWANI
NRIC No	SXXXX547H
Date Of Birth	25/11/1963
Occupation	Indoor

Date Of Driving Pass	16/05/1984
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96350769
Alt. Phone Number	-
Email Address	mikenandwani@yahoo.com
Address	19 JALAN TUPAI
Address complement	-
Postcode	249146
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SJN888M
Insurance Company of Other Vehicle Owned by Driver	Liberty Insurance Pte Ltd

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)	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	NELIZA RAMESH NANDWANI
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGD6968P
Vehicle Manufacturer	Toyota
Vehicle Model	Alphard
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	HU ZHIYONG
NRIC No	SXXXX394J
Contact Number	(Phone) +65-82395653
Address	-
Address complement	BLK 312A CLEMENTI AVENUE 4 #38-165
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	121312

SKETCH PLAN

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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.
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.

<p><i>[Signature]</i> APRIL 19, 2023</p> <p>Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i> 19/04/2023</p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p><i>[Signature]</i> 19/04/2023</p> <p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan

ORCHARD ROAD HANGING TO DITCHY CHAN T.

ISTANA

BUS LANE

A - SNA9717K


B - SGD6968P

Describe Circumstances of the Accident

I was driving along Orchard Road and when I slowed down when the vehicle in front of me hit the brakes, suddenly the vehicle SGD 6968P hit me from the back.
Refer to videos attached.


Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

19/04/2023

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


Witnessed by Reporting Centre Personnel

19/04/2023









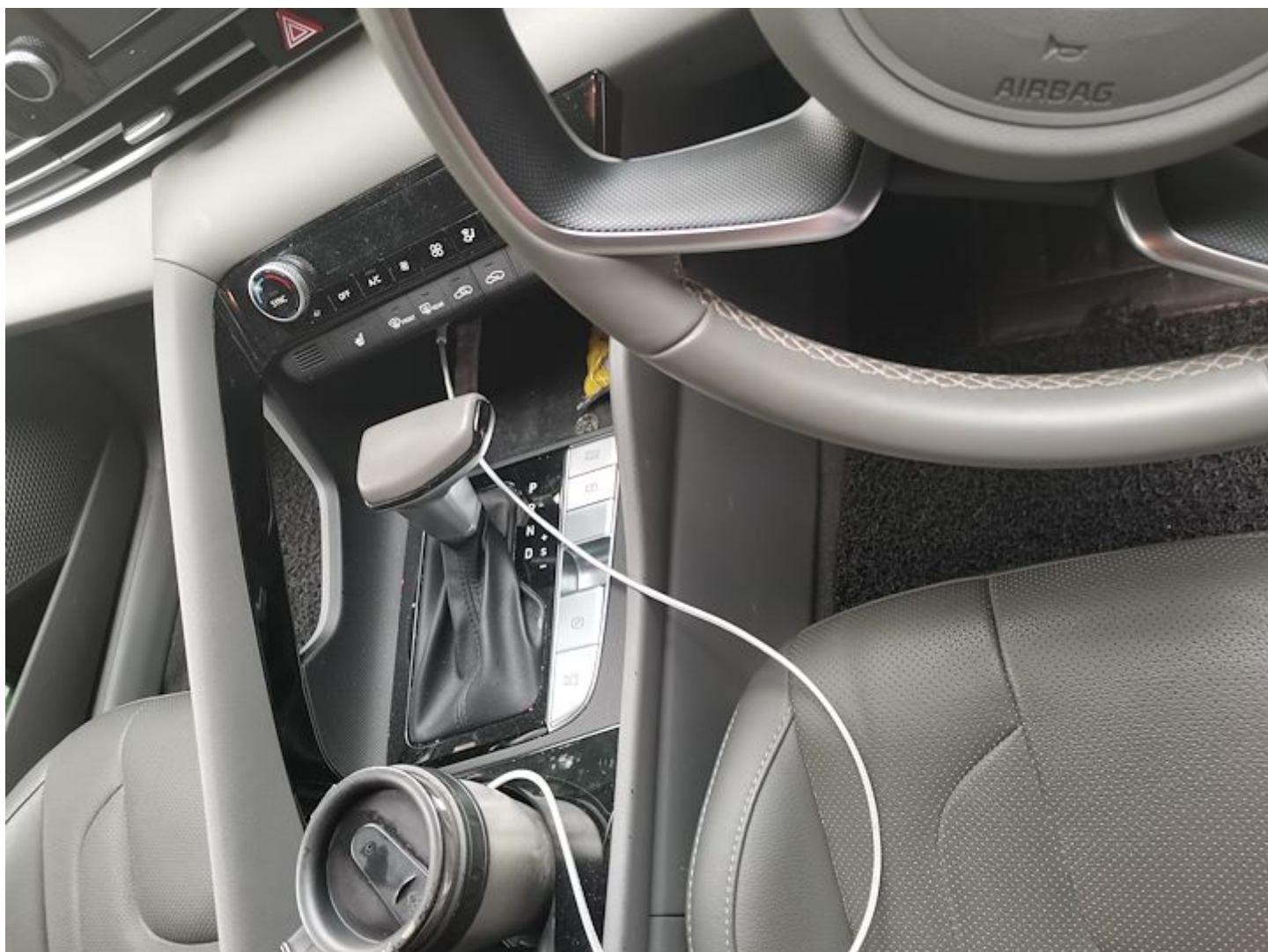


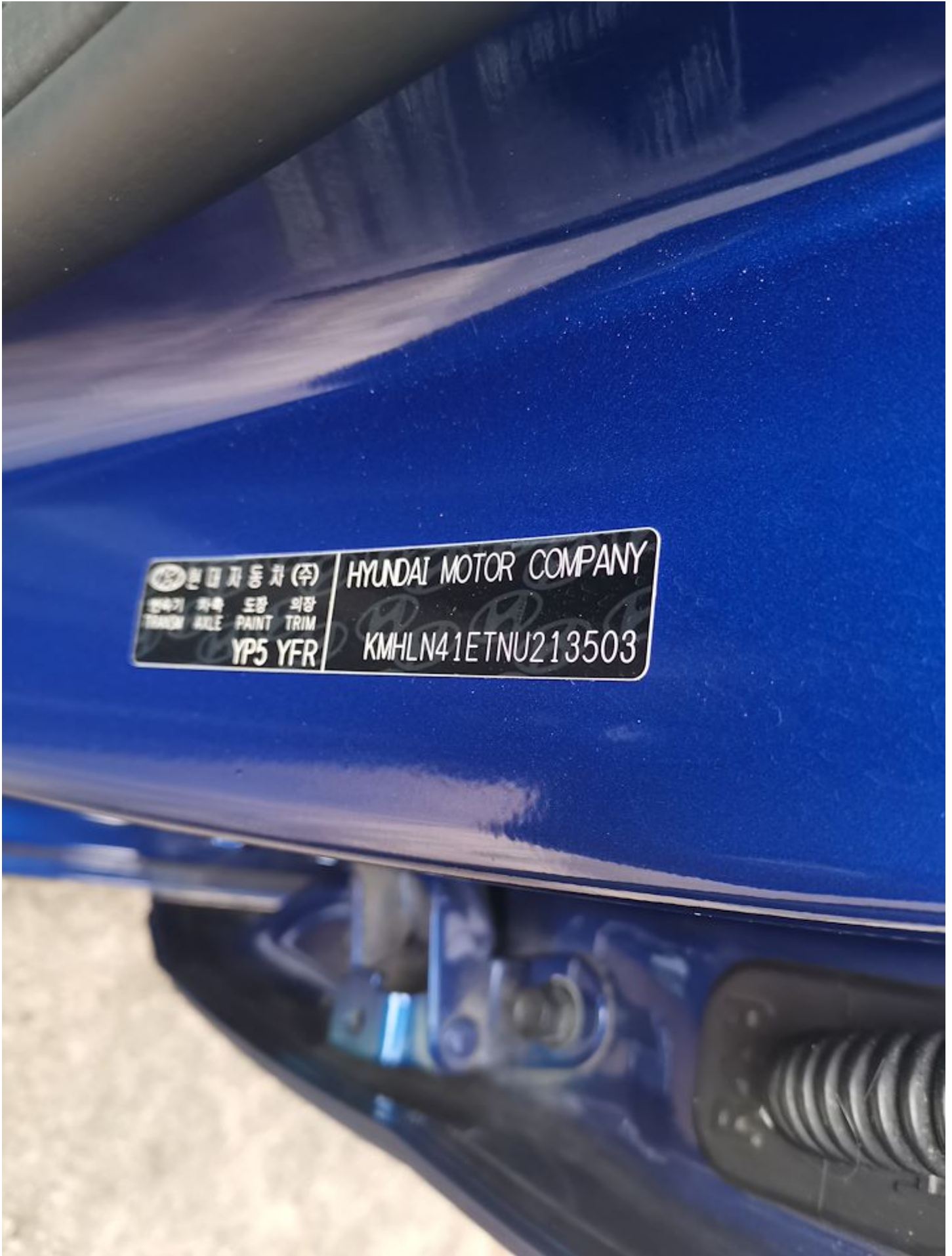








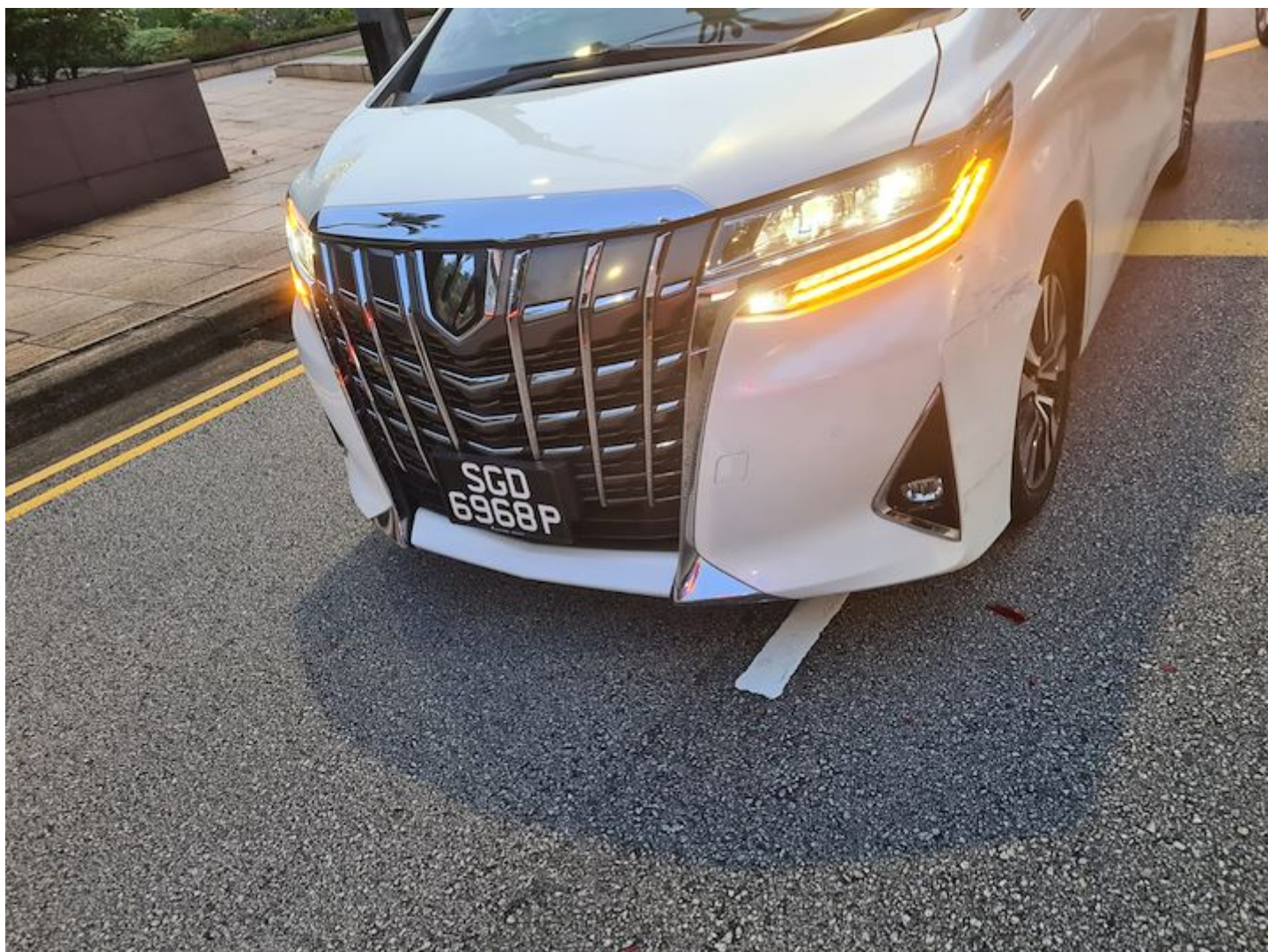




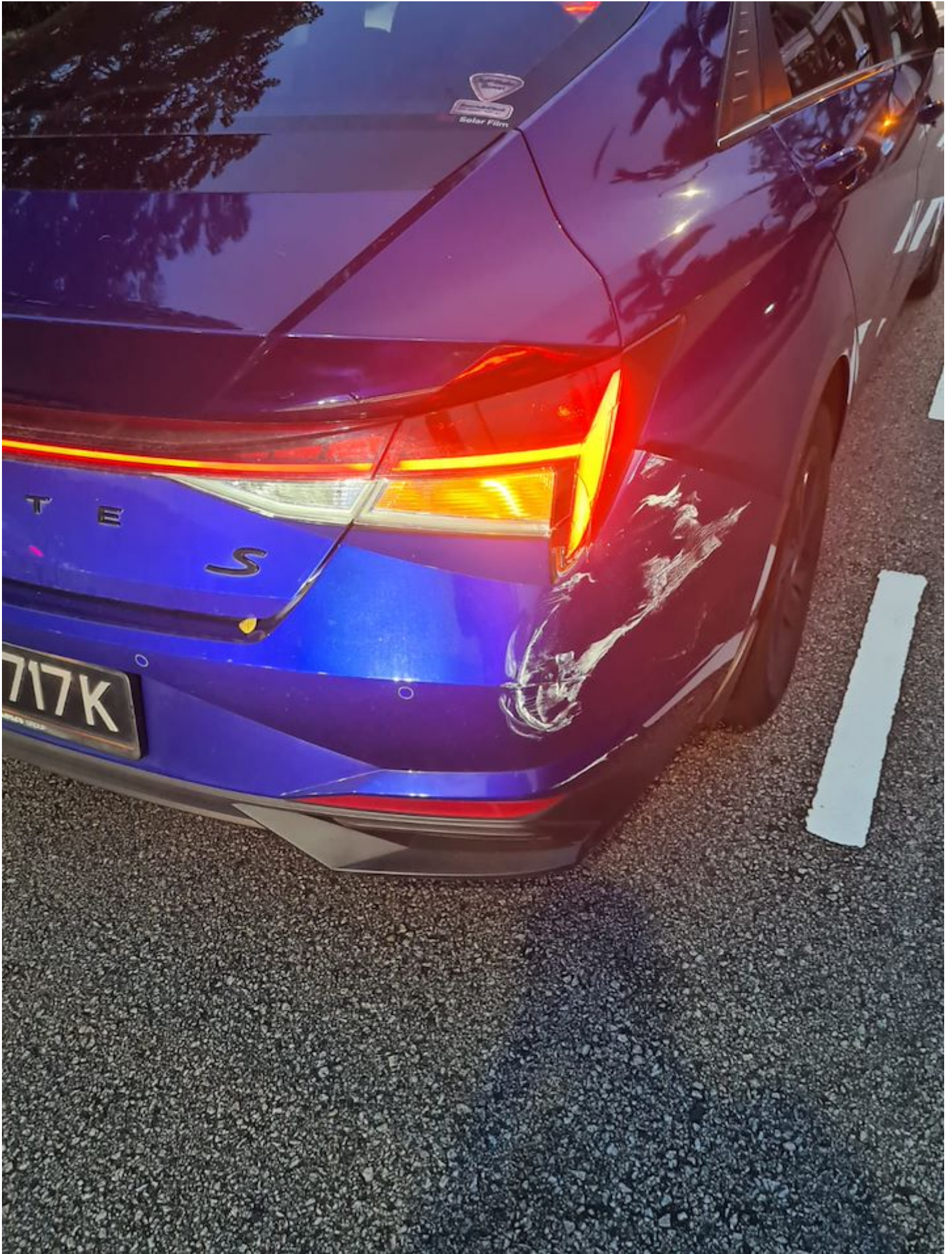


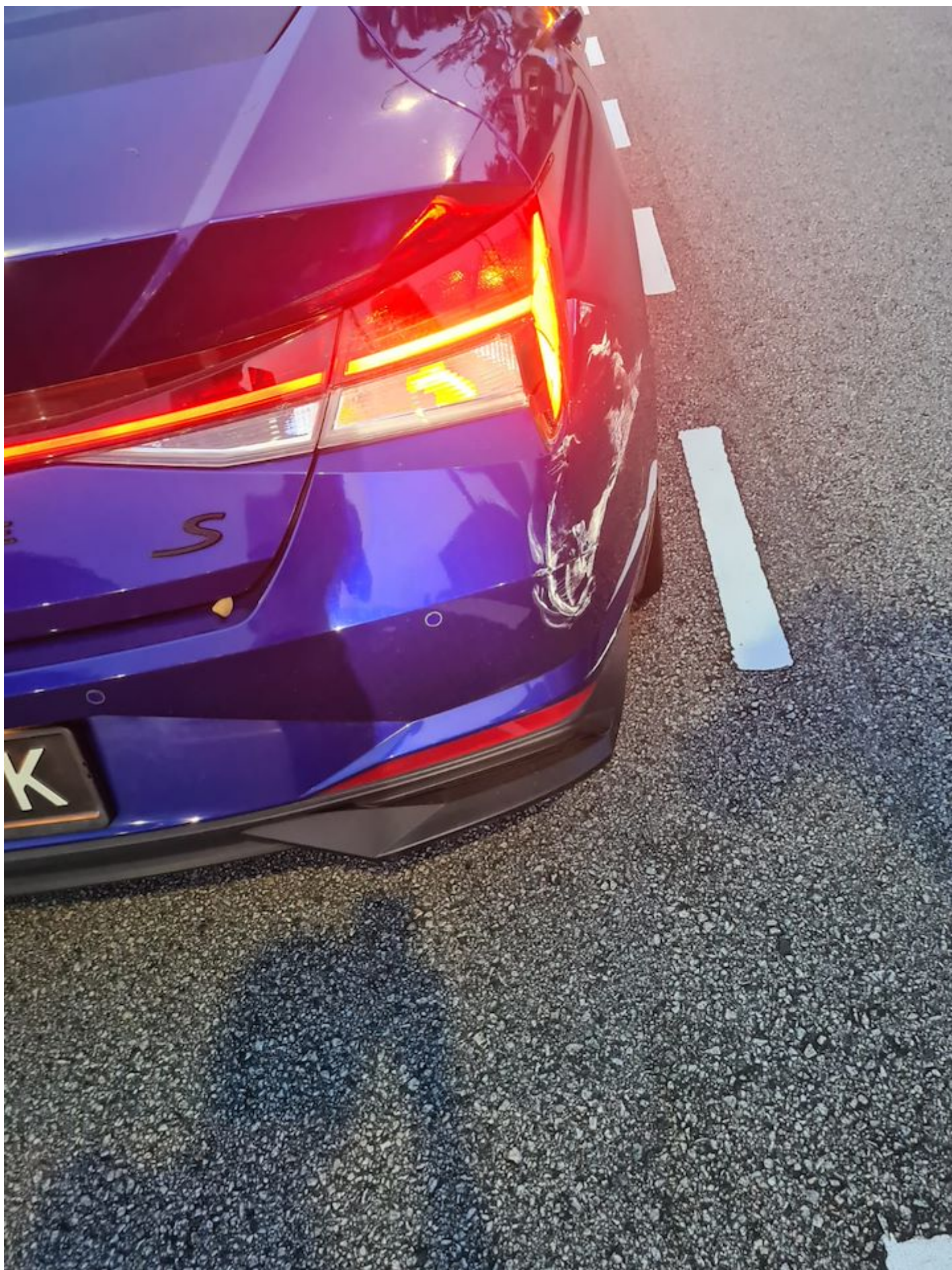














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09234J0003 Vehicle Registration No: SWA9717K
 Name (as shown in NRIC): RAMA81 s/o BalaGanesh NRIC/FIN/Passport No: SXXX5474
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96350761
 Email Address: _____
 Date of Accident: 18/04/2023 Time of Accident: 19:11
 Place of Accident: ORCHARD ROAD HEADLINE TO DITORY CHAUF
 Insurance Company: _____

(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:

- ① To change to T/P CLAIMS
- ② OWNER GOT 1 MORE VEHICLE ~~STAMPED~~ (LIBRARY)

Policyholder / Actual Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): _____
Date: 20/4/2023

1/1/2022