

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 10:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/04/2023 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF2033U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM YONG KANG KENNETH (SHEN YONGKANG)
NRIC No	S8615663F
Email Address	kensim.yk@gmail.com
Mobile Phone No	(Phone) +65-97768272
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01007942

DRIVER

Name of Driver	SIM YONG KANG KENNETH (SHEN YONGKANG)
NRIC No	S8615663F
Date Of Birth	10/05/1986
Occupation	Outdoor

Date Of Driving Pass	27/11/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97768272
Alt. Phone Number	-
Email Address	kensim.yk@gmail.com
Address	276 YIO CHU KANG ROAD
Address complement	#11-33
Postcode	544604
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 - 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)	3
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	KHAW SIEW KIM
Gender	Female

PASSENGER 2

Name	KYLER SIM
Gender	Male

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

SEE ATTACHED SKETCH PLAN, PHOTO AND VIDEO FOOTAGE

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	XE2808M
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	NG CHOON ENG
NRIC No	S1512538A
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.

AVIATION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

Policyholder's Signature / Date & Time
19/04/2023 9:35 am
Sketch Plan

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) *CHIAIR AIRPANO*
617 XX 8241

A - SNF2033U
B - XE2808M

Describe Circumstance of the Accident

I was driving my vehicle "A" along Hougang Ave 3 towards Eunos, as there is heavy traffic, suddenly vehicle "B" hit my vehicle "A" from behind.

Declaration

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



Policyholder's Signature / Date & Time

11/04/2023 9:35 am

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

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD
SINGAPORE 408628
TEL: 6449 6666 FAX: 6846 7483

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

ETIMOR ALFARO
AXXX6242









































































