

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	26/04/2023 14:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 07:40 (SGT)
Exact Location of Accident	Cross St, Singapore
Additional Location Information	NEAR LAU PA SAT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN678S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SU FEN, JACLYN (CHEN SHUFEN, JACLYN)
NRIC No	SXXXX291D
Email Address	jaclyntan26@gmail.com
Mobile Phone No	(Phone) +65-97660778
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
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	1499

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01011427

DRIVER

Name of Driver	TAN SU FEN, JACLYN (CHEN SHUFEN, JACLYN)
NRIC No	SXXXX291D
Date Of Birth	26/11/1980
Occupation	Indoor

Date Of Driving Pass	26/08/2005
Driving experience	17 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97660778
Alt. Phone Number	-
Email Address	jaclyntan26@gmail.com
Address	BLK 161B PUNGGOL CENTRAL #16-87
Address complement	-
Postcode	822161
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)	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 26/04/2023 AT ABOUT 07:40HRS I WAS AT RAFFLES QUAY AND WAS TURNING RIGHT AT THE 3RD TURNING RIGHT LANE AND WAS ALWAYS AT MY LANE. SUDDENLY I FELT A BUMP AND I STOP MY CAR AND I SAW A LORRY YP8187L WAS AT MY RIGHT 2ND LANE TURN RIGHT BUT TRYING TO CUT TO THE 3RD LANE AND BANG INTO MY RIGHT SIDE OF MY CAR SMN678S.

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	YP8187L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MAO ZHENGD
Passport No/FIN	GXXXX141K
Contact Number	(Phone) +65-85905187
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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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:

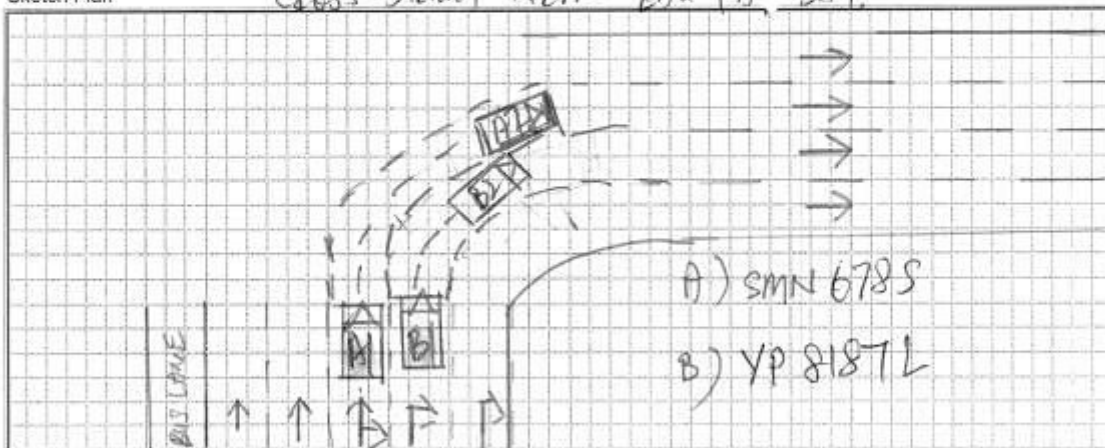
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

1

Describe Circumstance of the Accident

REFER TO STATEMENT.

Declaration

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

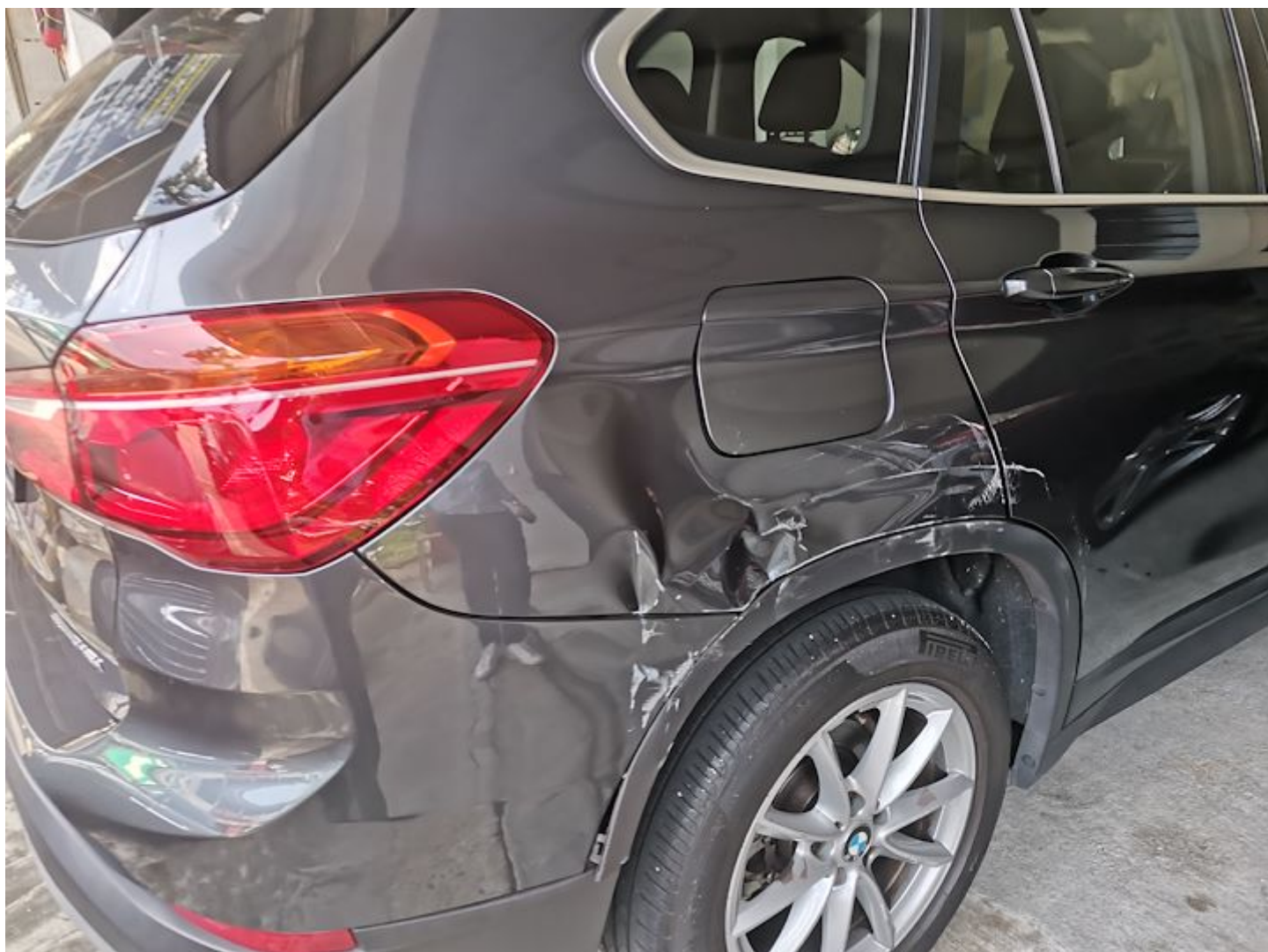
[Signature] 26/4/23
Policyholder's Signature / Date & Time
1:05pm

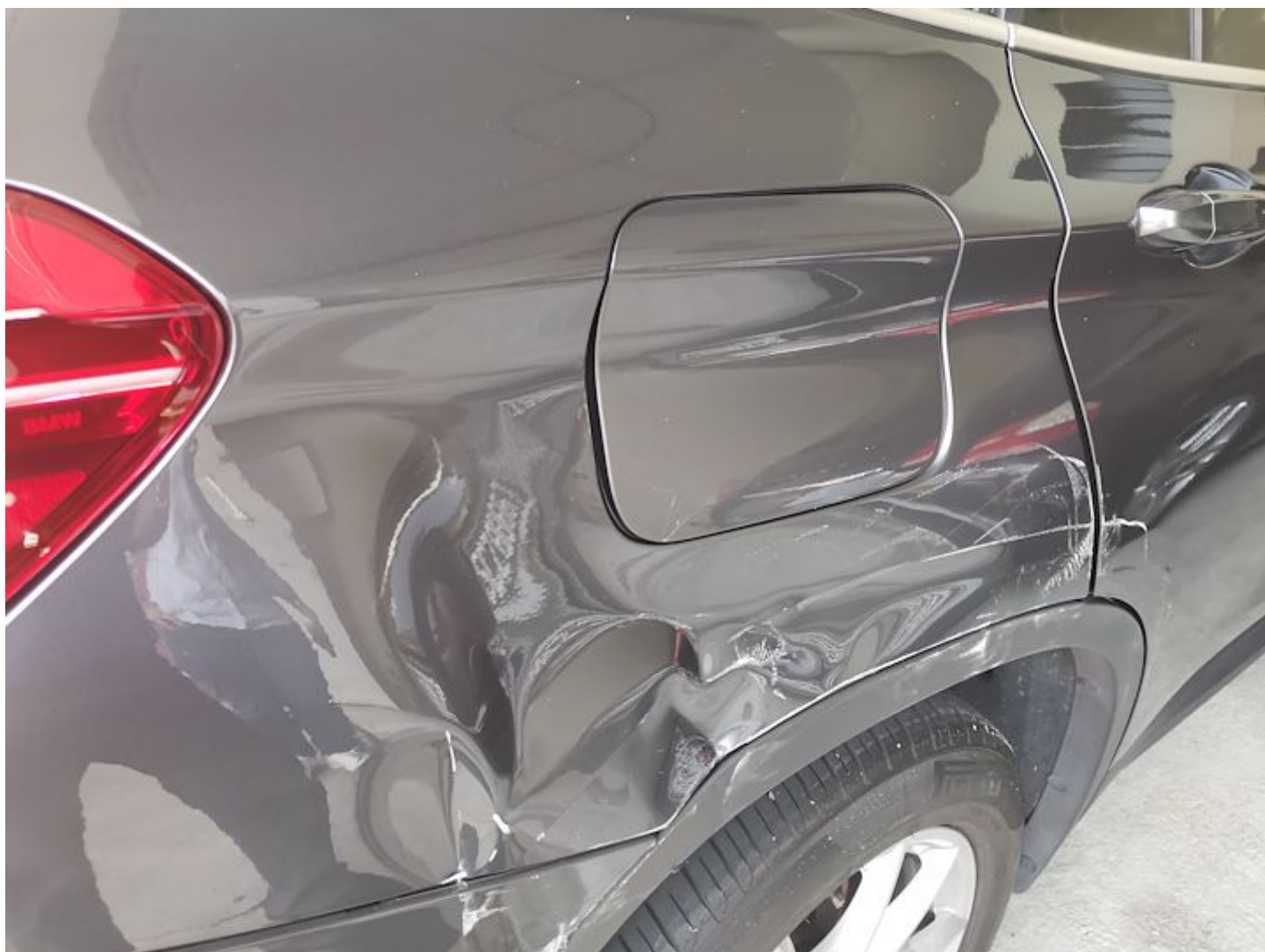
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

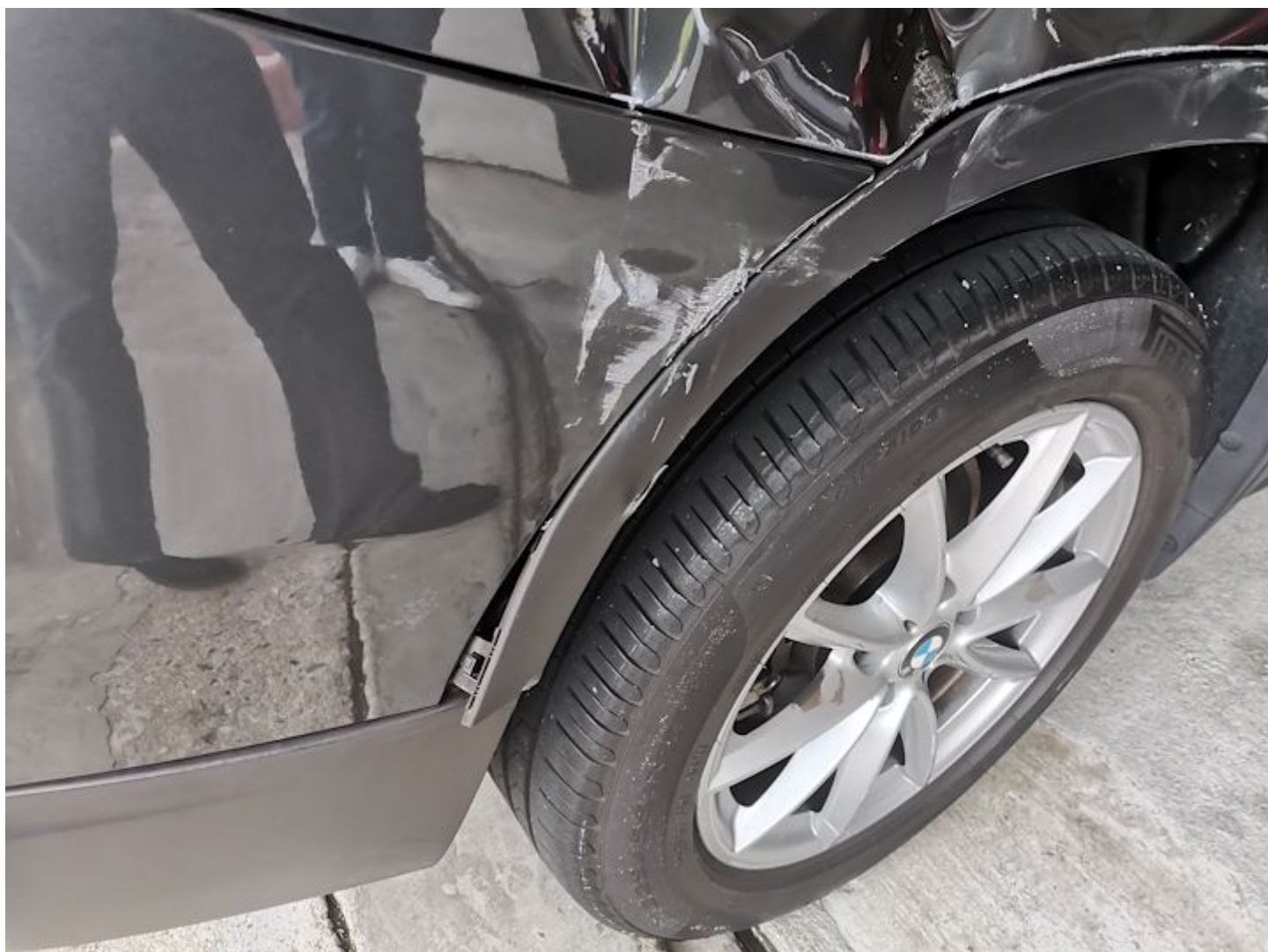
[Signature] 26/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)











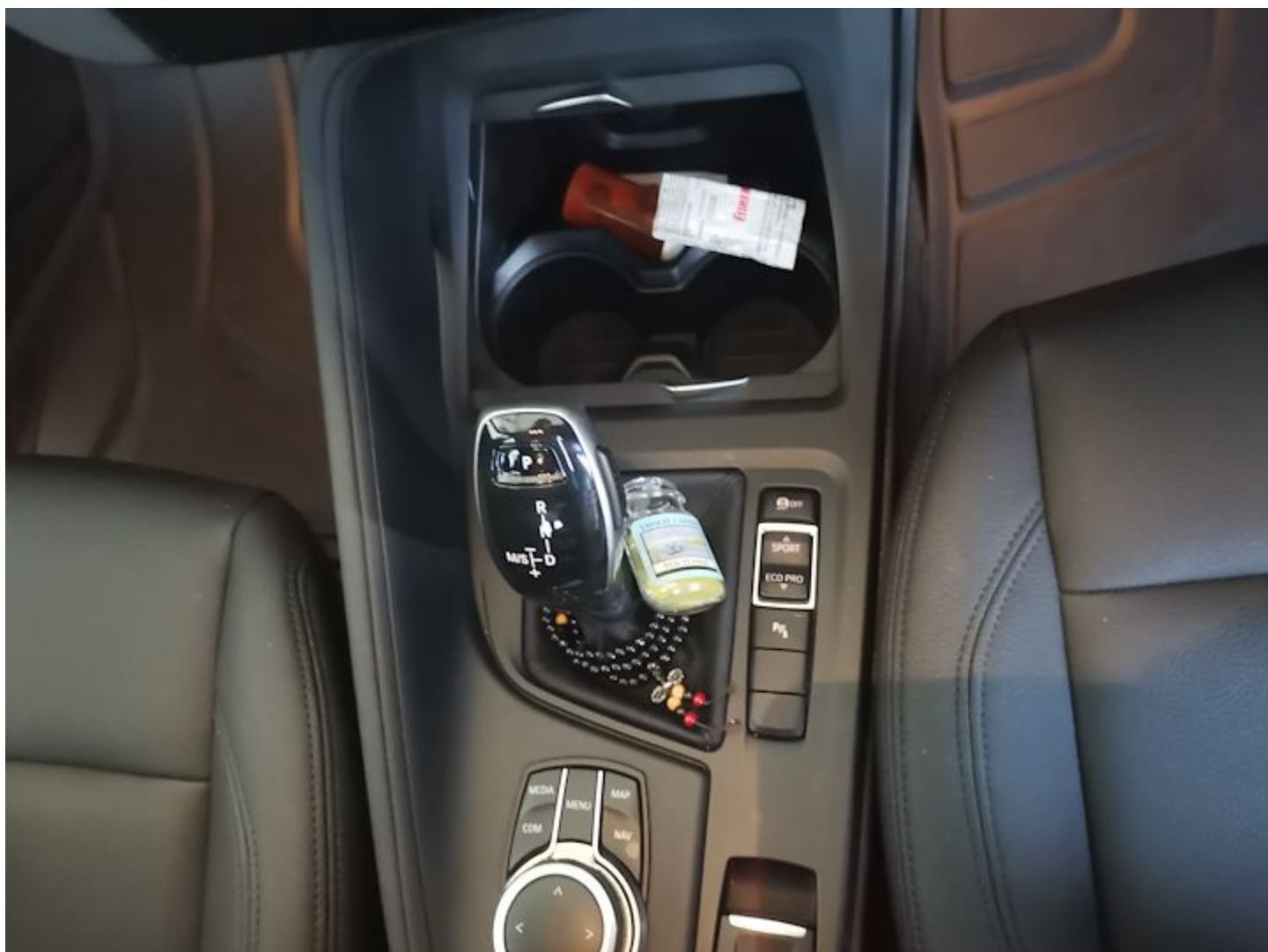


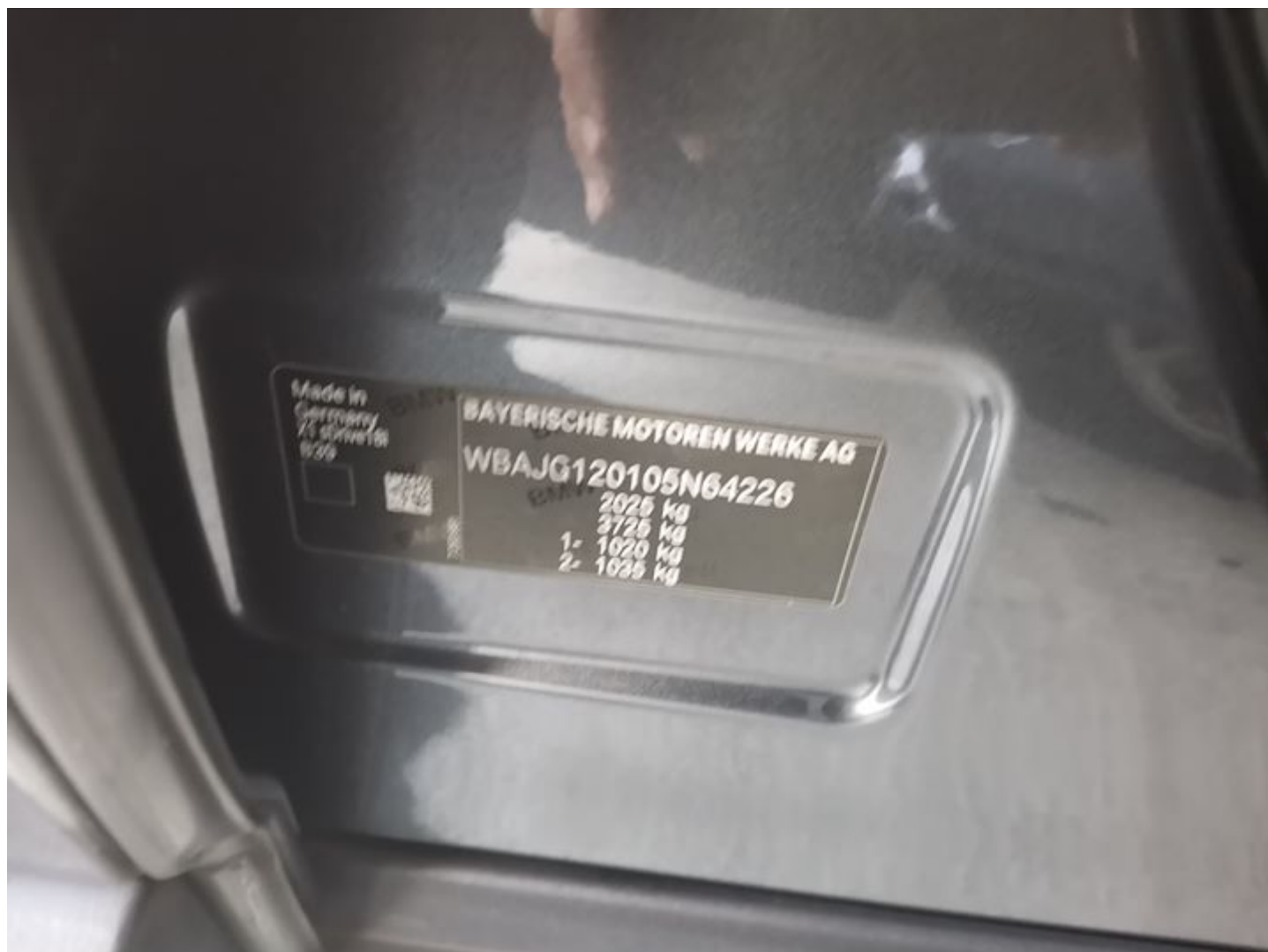












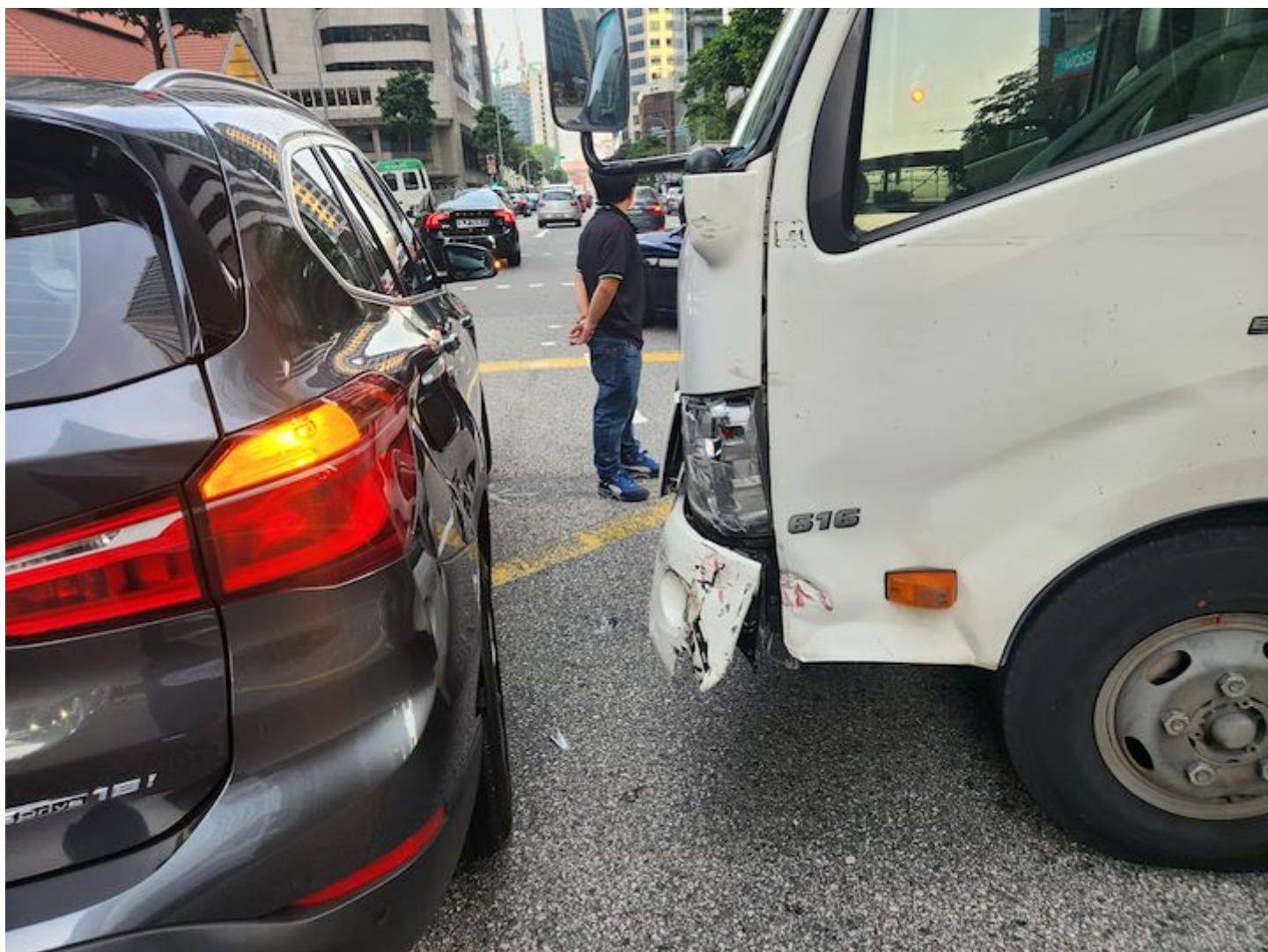




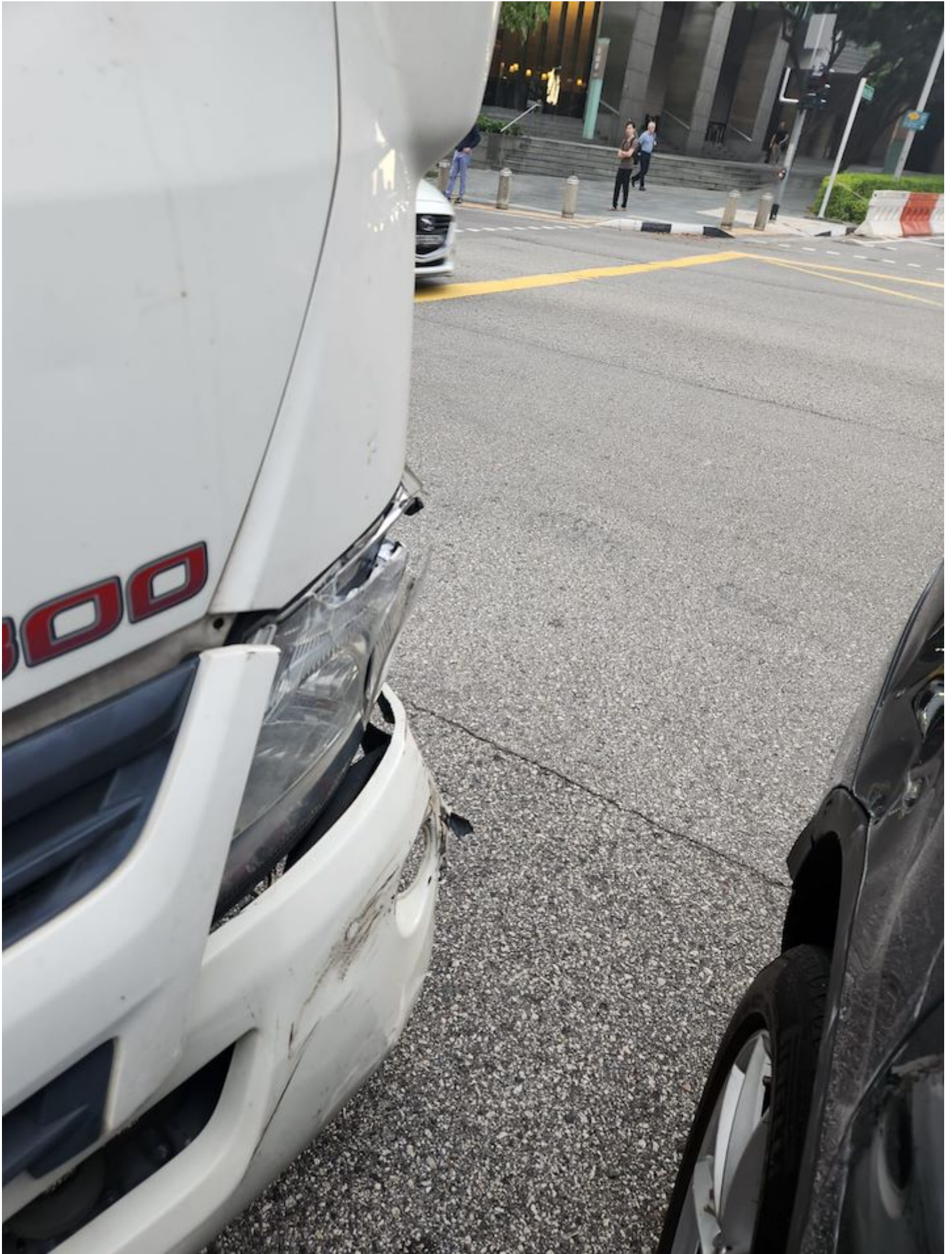














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09234Q0003 Vehicle Registration No: SMA 6785
 Name (as shown in NRIC): TAN SU KEE, JACLYN NRIC/FIN/Passport No: SXXXX291D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97660778
 Email Address: _____
 Date of Accident: 26/04/2023 Time of Accident: 07:40
 Place of Accident: CROSS ST NEAR LOU PA 8#7
 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:

- ① To INSTRUCT POLICY NUMBER D22MTPV01011427
- ② DATE OF ACCIDENT 26/04/2023

Policyholder / Actual Driver's Signature
Date:

26/04/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

3/04/2023