



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	10/05/2023 15:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/05/2023 08:16 (SGT)
Exact Location of Accident	Toa Payoh Rise, Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION BEFORE THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD791L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ABI BAGHERI AGHDAM
NRIC No	SXXXX473C
Email Address	himec@singnet.com.sg
Mobile Phone No	(Phone) +65-96177088
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01016437

DRIVER

Name of Driver	ABI BAGHERI AGHDAM
NRIC No	SXXXX473C
Date Of Birth	23/08/1968
Occupation	Indoor



Date Of Driving Pass	23/06/1997
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96177088
Alt. Phone Number	-
Email Address	himec@singnet.com.sg
Address	237 ARCADIA ROAD #07-07
Address complement	-
Postcode	289844
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)	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

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	SKZ6879A
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92989787

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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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.

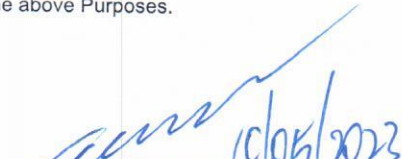
(collectively the "Purposes")

(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

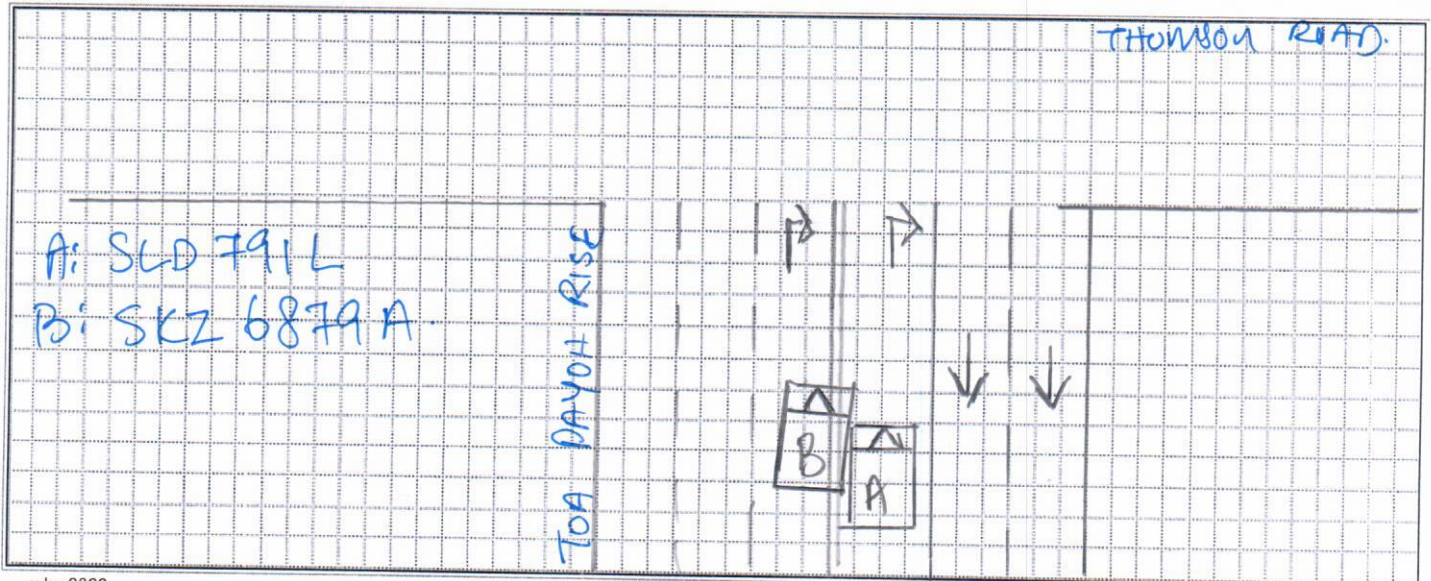
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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

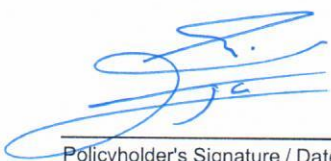


Describe Circumstance of the Accident

On mentioned date and time, I was driving along Tan Payoh Rise in a direction towards Thomson Road. As I was travelling on the RH lane, intend to turn "RIGHT", vehicle 'B' which moving on the LEFT turned abruptly and collided against my vehicle. My ~~vehicle sustained~~ due to his hard turn and the impact my vehicle was pushed to the RIGHT hand side road kerb. My vehicle sustained damages to the front LEFT side and the broadside of RIGHT hand side. After the collision/incident the said vehicle SKZ 6879 A drove in front of my car. We both drivers exchange particulars and never call for any assistance since no one injured due to the accident. We took some photos before leaving the accident scene.

Declaration

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

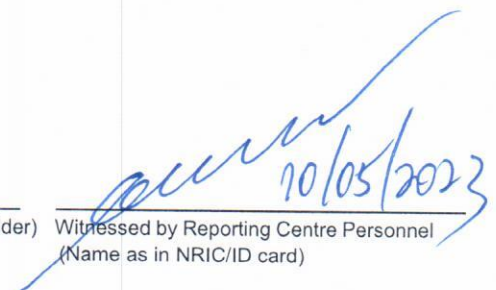


Policyholder's Signature / Date & Time



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

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



10/05/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 10 MAY 2008 (DD/MM/YYYY), TIME: 08:16 (HH:MM)

LOCATION: TOA Payoh Rise Junction 3/4 Thomson Road

1. DETAILS OF VEHICLE SLD791L
 - a) VEHICLE NUMBER: SLD791L
 - b) INSURANCE COMPANY: SOMPO
 - c) POLICY NUMBER: D21MTP701016437
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: TOYOTA HARRIER
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
 - a) NAME: ABT BAGHERI A GHAM (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: SG885473C CONTACT: 96177085
 - c) ADDRESS: 237 ARCADIA Rd #07-07 S 287844

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
()

- DRIVER 23 above (MALE / FEMALE)
 - a) NAME: 23 above
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

- d) DATE OF BIRTH: 23/08/68 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR) 23/06/1997
- f) DATE OF DRIVING PASS _____
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

No of passengers
(including driver)
()

8. THIRD PARTY VEHICLE SK26879A MODEL: BMW
 - a) VEHICLE NUMBER: SK26879A
 - b) DRIVER'S NAME: _____ CONTACT: 92989787
 - c) NRIC/FIN/PASSPORT: _____

No of passengers
(including driver)
()

9. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: _____ MODEL: _____
 - b) DRIVER'S NAME: _____ CONTACT: _____
 - c) NRIC/FIN/PASSPORT: _____

email: _____
VIDEO

SOMPO

INSURANCE

Sompo Insurance Singapore

50 Raffles

Esplanade, Level 10, Tower 1

Tel: 6440 6000 | Fax: 6221 3302 | www

Co Reg No.: 190905490E | GST Reg

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

ROAD TRANSPORT ACT 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

e/Policy No. : D21MTPV01016437

: ABI BAGHERI AGHDAM

Vehicle (Registration No.): SLD791L

: Comprehensive - ExcelDrive PRESTIGE

Commencement Date : 01 DECEMBER 2021 00:00

Expiry Date : 30 NOVEMBER 2022 23:59

Liability (Section I) : Market value at time of loss

: \$600 - Section I

Excess* : N/A

Uninsured Excess* : S\$100.00 for each and every applicable claim.

*GST wherever applicable