

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 16:03 (SGT)
Reported by Actual Driver
Date of Accident 06/05/2023 20:50 (SGT)
Exact Location of Accident Yishun Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR1316H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
Company Reg No 1XXXXX399N
Email Address winson_tingwei@hotmail.com
Mobile Phone No (Phone) +65-81282121
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Lexus
Model Gs250
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2500

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D23MTPV01001833

DRIVER

Name of Driver CALVIN CHEE YONG MENG
NRIC No SXXXX572E
Date Of Birth 11/05/1973
Occupation Indoor

Date Of Driving Pass	10/09/2003
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81282121
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	11 SENG KANG EAST AVENUE 1 #06-03
Address complement	-
Postcode	544804
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230508/7013

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	SNA3593P
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Yellow
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CALVIN CHEE YONG MENG
Gender	Male
Phone No	(Phone) +65-81282121
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKR1316H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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B. 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/postal 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/are 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.

mitsubishi hc capital asia pacific pte. ltd.

Monetary Authority of Singapore
Senior Manager
Total Vehicle Solutions Department
Sketch Plan

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

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

Vehicle A SKR 1316H

Vehicle B SNA 3593P

Scanned with CamScanner

Describe Circumstance of the Accident

Refer to police report

T/20230508/2013

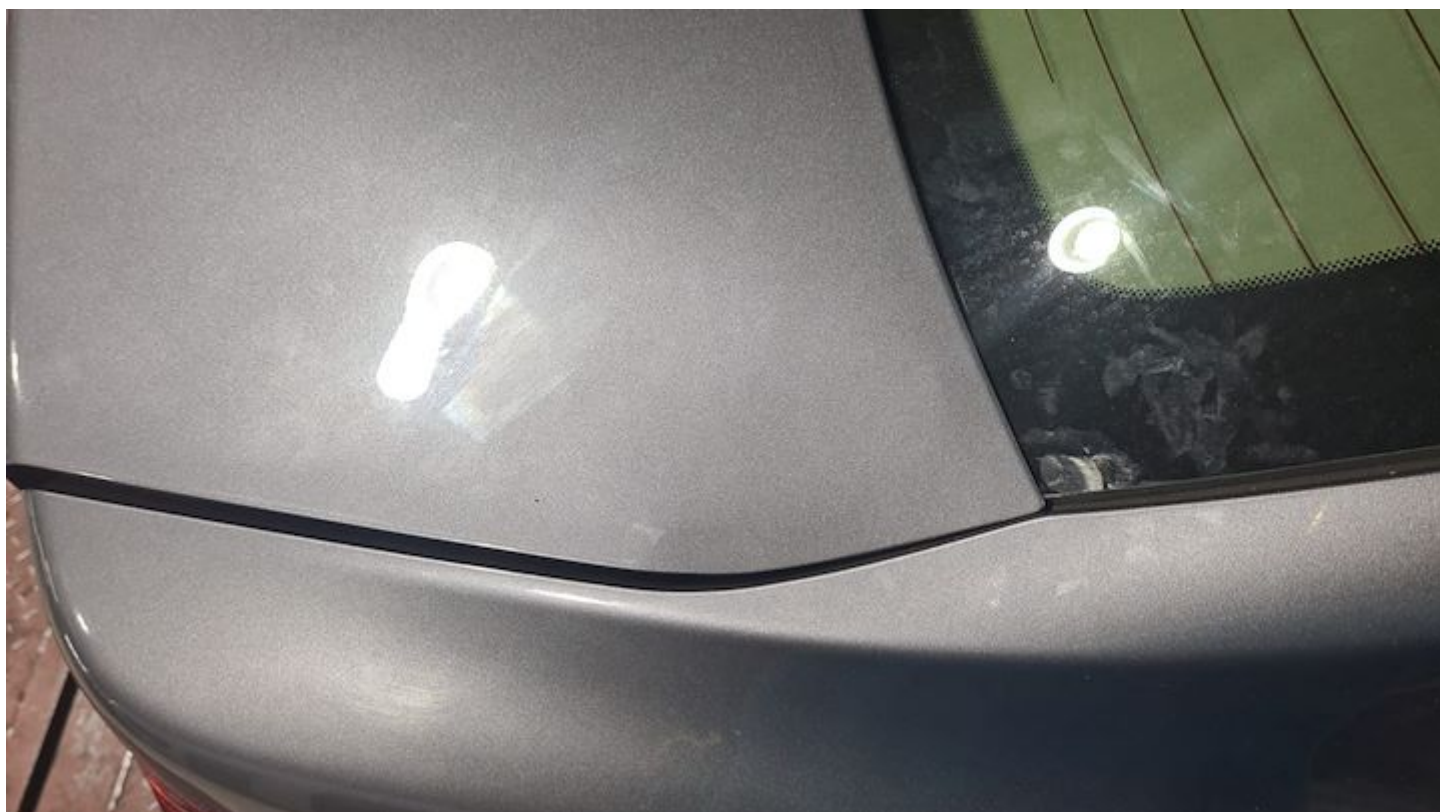
Declaration
We declare the foregoing particulars are true in every respect.
SUSHI HO CAPITAL ASIA PACIFIC PTE. LTD.

Markus Lee (Mr)
Senior Manager
Total Vehicle Solutions Department

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

Witnessed by Reporting Centre Personnel
(Name as in IR301D card)



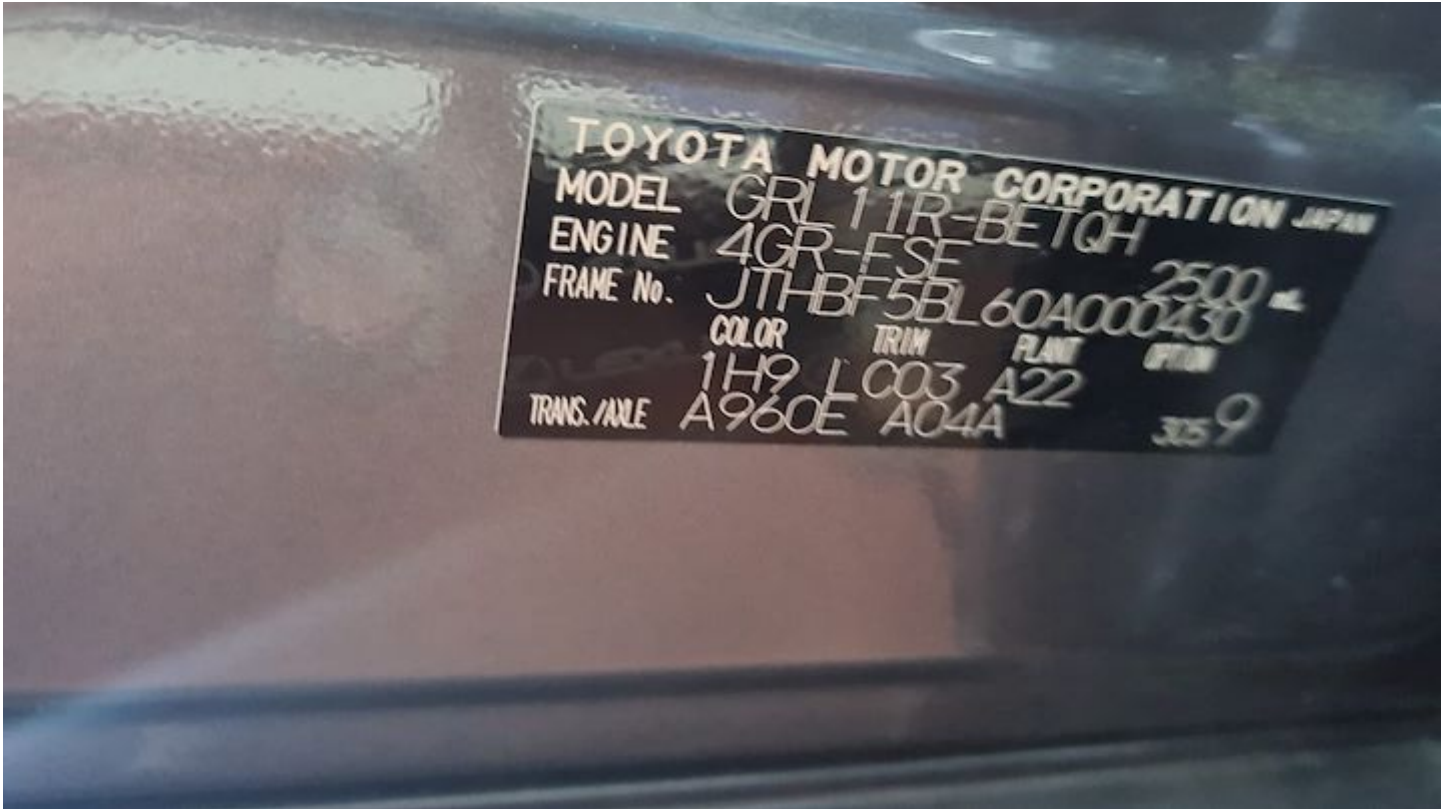

















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230508/7013

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Report No. T/20230508/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2023 10:15		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: CALVIN CHEE YONG MENG		Address: 11 SENGKANG EAST AVENUE #06-03 SINGAPORE 544804		
ID Type / ID No.: NRIC NO / S7316572E		Contact No.: Home/Office: Mobile: 81282121		
Nationality: SINGAPORE CITIZEN		Email: calvin@noblesapl.com		
Sex: Male	Age: 49	Date of Birth: 11/05/1973	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Sales manager		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2023 20:50	Type of Location: Straight Road
Location: YISHUN STREET 44				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Veh/Hd No.	Type	Make	Model	Color	Condition	No. of Passenger
SKR1316H	Car	LEXUS				0
SNA 3593P	Car	NISSAN				0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20230508/7013

CONTINUATION OF REPORT

Driver			
Name	CALVIN CHEE YONG MENG	ID No.	S7316572E
Related Vehicle	SKR1316H (Car)	Contact No.	81282121
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/05/2023	Date	08/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated date and time I was driving along Yishun Ave 1, when suddenly I felt a huge impact on my rear I got down and realize the car behind me SNA 3593P had hit onto my rear, after the accident I was feeling pain on my back and neck , therefore I went to mount alvernia and was given 5 days mo

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230508/7013

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Report No. T/20230508/7013

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
08/05/2023 10:15

Classification Of Case:

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