

# 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 ..... 26/05/2023 14:54 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 24/05/2023 14:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SIMS AVENUE EAST  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMG9278R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOI SIAM CHENG  
NRIC No ..... SXXXX927D  
Email Address ..... irene901.52@gmail.com  
Mobile Phone No ..... (Phone) +65-98286093  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Outlander  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D23MTPV01000551

### DRIVER

Name of Driver ..... GOI SIAM CHENG  
NRIC No ..... SXXXX927D  
Date Of Birth ..... 24/09/1952  
Occupation ..... Indoor

Date Of Driving Pass .....	07/05/1993
Driving experience .....	30 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-98286093
Alt. Phone Number .....	-
Email Address .....	irene901.52@gmail.com
Address .....	89 JALAN KEMBANGAN
Address complement .....	-
Postcode .....	419131
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) .....	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 .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
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 THE ATTACHED STATEMENT

#### 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 .....	SNE9867S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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) .....	-

**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.

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

*[Handwritten Signature]*

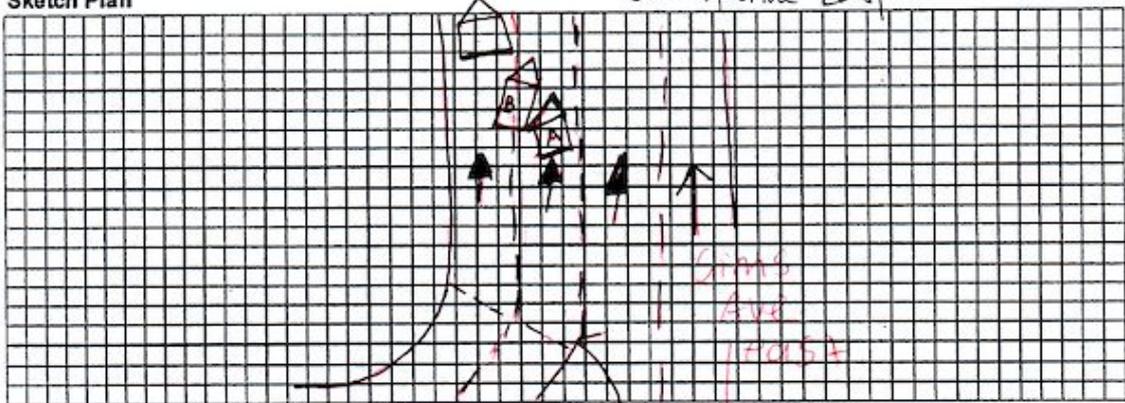
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Handwritten Signature]* 26/5/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

Sims Avenue East



- (A) - SMO 9278R
- (B) - SNE 9867S

24 May 2023

Date

No.

SMG

Collision Between Mitsubishi S9278R

And Toyota SNE 9687S

On 24 May 2023 at 2pm

Driver of Mit - Goi Siam Cheng

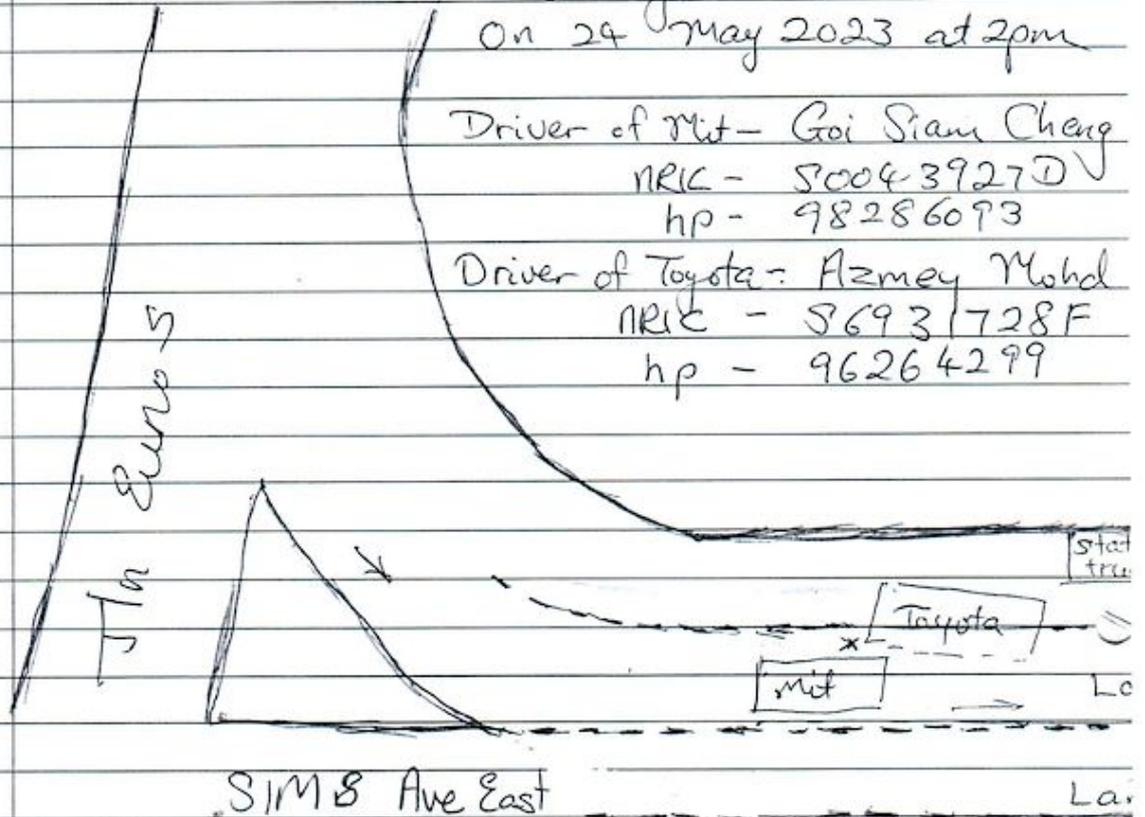
NRIC - S0043927D

hp - 98286093

Driver of Toyota - Azmey Mohd

NRIC - S6931728F

hp - 96264299



Sompo Insurance Singapore Pte Ltd

Policy No: D23MTPVO1000551

4 Jan 2023 - 3 Jan 2024

At 2pm as I am turning into Lane 3 of Sim Ave East from Eunus Link, Toyota SNE 9687S also turning into Lane 4 of Sim Ave East; I noticed there is a stationary white truck in Lane 4.

Toyota drove very close then overtaking the truck in Lane 4 resulting my car Mitsubishi to hit Toyota on the right back.

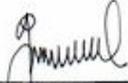
Describe Circumstance of the Accident

— Refer to attachment —

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

 28/5/2023  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)













