

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	06/06/2023 10:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/06/2023 15:15 (SGT)
Exact Location of Accident	Lor 34 Geylang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9132T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO SHEN YEONG
NRIC No	SXXXX796G
Email Address	johnny250477@yahoo.com.sg
Mobile Phone No	(Phone) +65-98398471
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01002493

DRIVER

Name of Driver	HO SHEN YEONG
NRIC No	SXXXX796G
Date Of Birth	25/04/1977
Occupation	Outdoor

Date Of Driving Pass	16/10/2000
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98398471
Alt. Phone Number	-
Email Address	johnny250477@yahoo.com.sg
Address	BLK 108 SIMEI STREET 1 #05-756
Address complement	-
Postcode	520108
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

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	SKE7899X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-83100088

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.

Re 6/6/23 1025am

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 5 Jun 2023 at about 1515hrs, I was abng Lor 34 Geylang and was intending to park at the last lot in front of the Coffeeshop at the left side of the road. There was another black car, SKF7899X parked in the middle lot.

When my car, SLK9122T was in the lot, my right leg was caught in between the pedals and my car surged forward and hit the stationary car mentioned above. The owner was not inside the car then. That's all.

Declaration

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

De 6/6/23 1025am

Policyholder's Signature / Date & Time

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

06/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 5/6/2023	TIME OF ACCIDENT : 15.15pm
VEHICLE NO : SLK 9122T	TRANSMISION : AUTO / MANUAL
MAKE & MODEL : Mitsubishi Lancer 1.5	LOCATION : Lor 34 Geylang
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : sompo	POLICY NO : D23MTPV01002493
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Ho STEEN YEONG	NRIC : 87710746G
ADDRESS : 811C 108 Sime, St 1 #05-756 S(520108)	CONTACT NO : 98398471
EMAIL ADDRESS : johnmy250477@yahoo.com.sg	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : OWNER	PASSENGER : NIL MALE () FEMALE ()
DATE OF BIRTH : 25/04/1977	DRIVING PASSING DATE : 16/ Oct / 2000
OCCUPATION : INDOOR / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ? _____
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SKE7899X	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : 83100088	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	WERE SEAT BELTS WORN ? : YES / NO
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____	WERE INJURY CONVEYED BY AMBULANCE : YES / NO

MOTOR COVER NOTE

Cover Note No.	: D23MTPV01002493
Issue Date & Time	: 27 JANUARY 2023 00:00

Name of Insured: HO SHEN YEONG

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for the period stated below. This is a temporary Cover Note and shall be valid for a period of FOURTEEN (14) days from date of issue. This Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Make & Model of Vehicle		Cubic Capacity	Used only for the following purposes	
MITSUBISHI LANCER 1.5		1500	For Private Use	
Engine Number - 4A910127544		Chassis Number - JMYSRCY2AAU000508		
Regn Number - SLK9132T	Estimated Value - Market value at time of loss		Excess -	S\$ 500.00 - Section I
Period of Insurance - 27 JANUARY 2023 TO 26 JANUARY 2024				
Hire Purchase - SMARTCARS BOUTIQUE PTE LTD				

We hereby certify that this Cover Note is issued in accordance with the provisions of
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

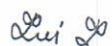
Important Notice:

Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.

Intermediary Code : 11R05204

SOMPO INSURANCE SINGAPORE PTE. LTD

X4D5ZW4JI1DBJKAN


Authorised Signatory

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: 200913660003 Vehicle Registration No: SLK 91327

Name (as shown in NRIC): Ho Siew Yaw NRIC/FIN/Passport No: 8XXX796G

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 98898471

Email Address: _____

Date of Accident: _____ Time of Accident: 10:48

Place of Accident: Lot 34 Geylang

Insurance Company: Sampo

(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:

To Remove unwanted Report

Policyholder / Actual Driver's Signature
Date:

06/06/2023

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