

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	21/06/2023 09:54 (SGT)
Reported by	Actual Driver
Date of Accident	20/06/2023 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN SPACE CARPARK NEXT TO BLK 332 ANG MO KIO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6133J
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG YIN PENG
NRIC No	SXXXX208A
Email Address	chavda.ankur@gmail.com
Mobile Phone No	(Phone) +65-96869874
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1339

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01017854

DRIVER

Name of Driver	CHAVDA ANKUR AMBARAMBHAI
NRIC No	SXXXX638A
Date Of Birth	24/08/1986
Occupation	Indoor

Date Of Driving Pass	04/07/2014
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97394395
Alt. Phone Number	-
Email Address	chavda.ankur@gmail.com
Address	APT BLK 310B ANG MO KIO AVENUE 1
Address complement	# 10-381
Postcode	562310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
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	SLH8321L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ZHANG XIUMEI
Passport No/FIN	GXXXX374M
Contact Number	(Phone) +65-90184499
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

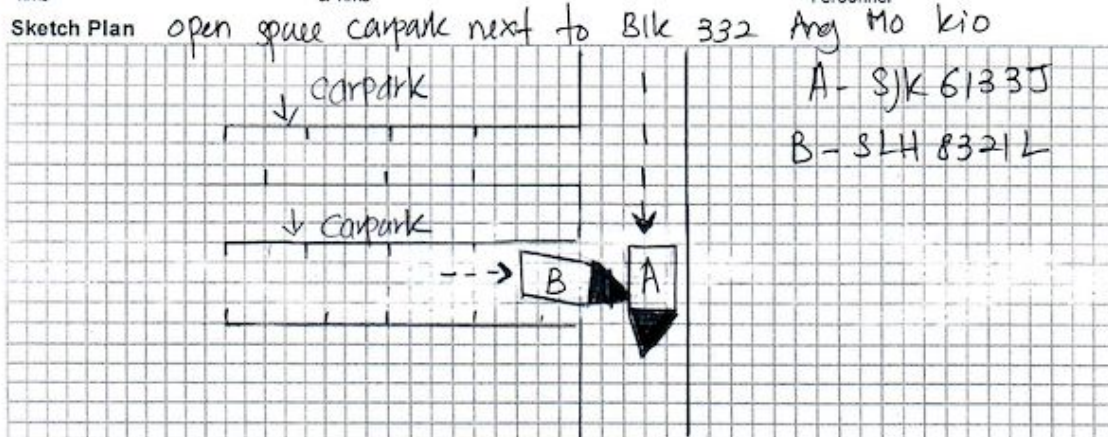
INJURED 1

Name of injured person	CHAVDA ANKUR AMBARAMBHA
Gender	Male
Phone No	(Phone) +65-97394395
Address	APT BLK 310B ANG MO KIO AVENUE 1
Address Complement	# 10-381
Post Code	562310
Approximate Age Years Old	-
Injuries Sustained	STRAIN ON THE NECK - GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SJK6133J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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 Authorised 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. The 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.
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.

Be Half
 chavda chhukun. A. 21/06/2023
 Policyholder's Signature / Date & Time
 chavda chhukun. A. 21/06/2023
 Driver's Signature (If driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel
 Ang Mo Kio



Describe the Circumstance of the Accident

Please Refer to the attached
police Report - T/20230620/2102

Declaration

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

Be Half

Davidson Chikun. A.
21/06/2023

Policyholder's Signature / Date & Time

Davidson Chikun. A.
21/06/2023

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

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

v3.1a2022

2



**SINGAPORE
POLICE FORCE**



T/20230620/2108

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

2 of 3
Report No. T/20230620/2108

CONTINUATION OF REPORT

Driver			
Name	CHAVDA ANKUR AMBARAMBHAI	ID No.	S8684638A
Related Vehicle	SJK6133J (Car)	Contact No.	97394395
Hospital/Clinic	ACEHEALTH MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/06/2023	Date Discharge	20/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Zhang Xiumei	ID No.	G0431374M
Related Vehicle	SLH8321L (Car)	Contact No.	90184499
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/06/2023 at about 1645hrs, I was driving my vehicle bearing registration plate SJK6133J in the open space carpark located next to Blk 332 Ang Mo Kio. I was driving along the main road when suddenly, one vehicle bearing registration plate SLH8321L came out one of the sides exits and collided into the side of my car. At that moment, I did not feel any pain and was shocked from the impact of the collision.

I alighted and observed that the mentioned vehicle front has collided into my car's driver's door. There are dents and scratches to the driver's door and some metal parts broken. The mentioned car has some damages to its front.

I spoke to the driver and managed to gather her particulars with the help of my wife as the driver could only speak Chinese. We agreed to settle the matter via insurance. Traffic police or ambulance was not called.

Subsequently, I decided to see the doctor and I received a three-day MC. I was advised to lodge a traffic police. My vehicle does not have any in-built car camera.







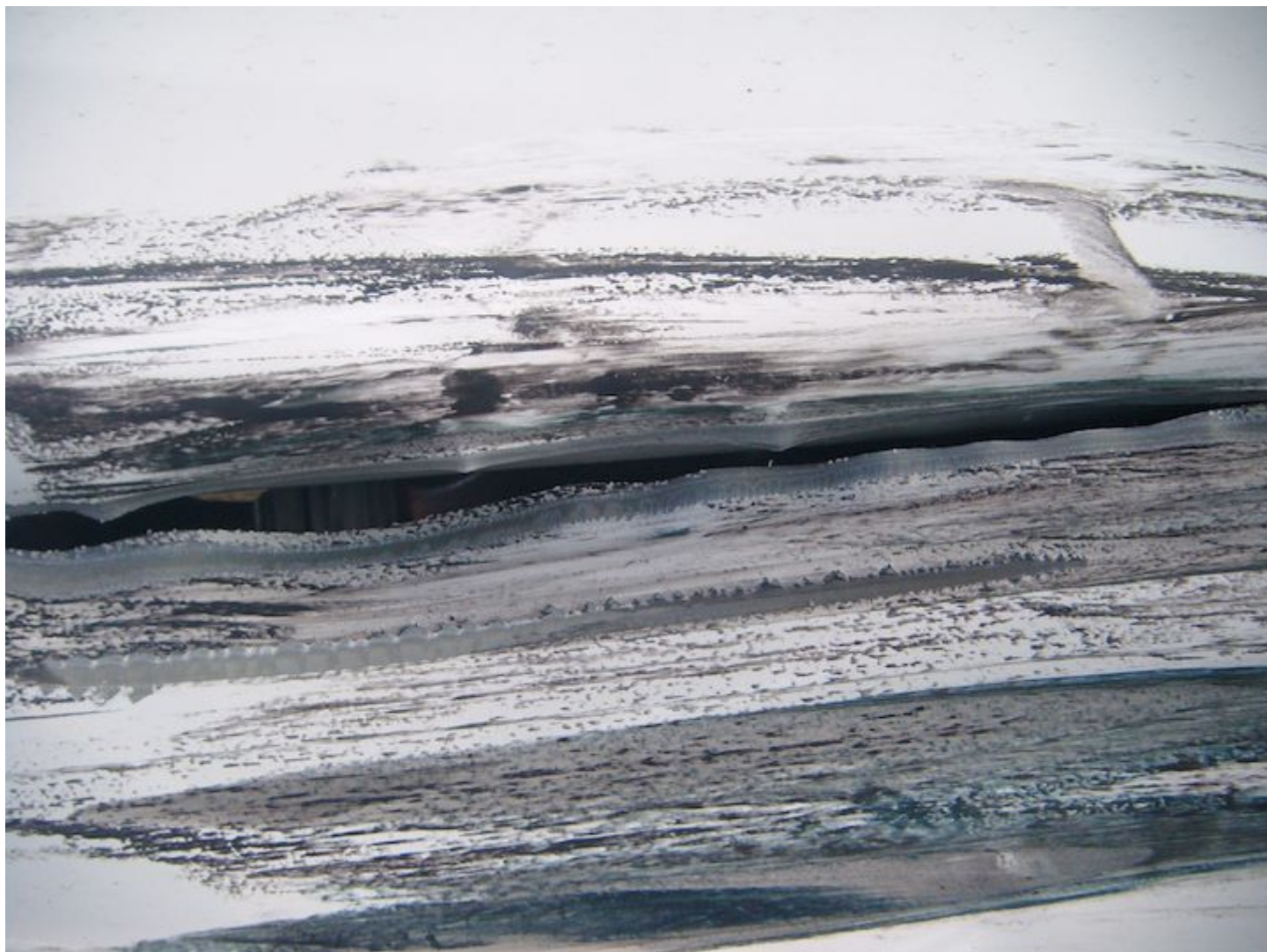




























SINGAPORE POLICE FORCE



T/20230620/2108

1 of 3

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20230620/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2023 20:56	Vide Report No.:	Station Diary No.: 35
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHAVDA ANKUR AMBARAMBHAI			Address: APT BLK 310B ANG MO KIO AVENUE 1 #10-381 SINGAPORE 562310		
ID Type / ID No.: NRIC NO / S8684638A			Contact No.: Home/Office: Mobile: 97394395		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 24/08/1986	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: YOGA TEACHER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2023 16:45	Type of Location: Car Park
Location: ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK6133J	Car	HONDA	FIT 1.3G A	Silver	Seriously Damaged	0
SLH8321L	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230620/2108

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

2 of 3
Report No. T/20230620/2108

CONTINUATION OF REPORT

Driver			
Name	CHAVDA ANKUR AMBARAMBHAI	ID No.	S8684638A
Related Vehicle	SJK6133J (Car)	Contact No.	97394395
Hospital/Clinic	ACEHEALTH MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/06/2023	Date Discharge	20/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Zhang Xiumei	ID No.	G0431374M
Related Vehicle	SLH8321L (Car)	Contact No.	90184499
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/06/2023 at about 1645hrs, I was driving my vehicle bearing registration plate SJK6133J in the open space carpark located next to Blk 332 Ang Mo Kio. I was driving along the main road when suddenly, one vehicle bearing registration plate SLH8321L came out one of the sides exits and collided into the side of my car. At that moment, I did not feel any pain and was shocked from the impact of the collision.

I alighted and observed that the mentioned vehicle front has collided into my car's driver's door. There are dents and scratches to the driver's door and some metal parts broken. The mentioned car has some damages to its front.

I spoke to the driver and managed to gather her particulars with the help of my wife as the driver could only speak Chinese. We agreed to settle the matter via insurance. Traffic police or ambulance was not called.

Subsequently, I decided to see the doctor and I received a three-day MC. I was advised to lodge a traffic police. My vehicle does not have any in-built car camera.



**SINGAPORE
POLICE FORCE**



T/20230620/2108

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

3 of 3

Report No. T/20230620/2108

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /
SGT 2 MUHAMMAD
NURFIRDAUS BIN MOHD NIZAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/06/2023 20:56

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

Classification Of Case:

NP168



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: SN09236L0002 Vehicle Registration No: SJK 6133J
 Name (as shown in NRIC): Charva Ankur Ambarembhai NRIC/FIN/Passport No: 88684638A
 (* Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apt Blk 310B Ang mo kio Avenue 1 # 10-381 Singapore (662310)
 Contact (Tel): _____ Mobile No.: 9739 4395
 Email Address: charva.ankur@gmail.com
 Date of Accident: 20/06/2023 Time of Accident: 16:45
 Place of Accident: open space carpark Next to Blk 332 Ang mo kio
 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:

Amend Add Medical Certificate.

Policyholder / Actual Driver's Signature
Date:

[Signature] 21/06/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

ACEHEALTH 爱康
MEDICAL 诊所

ACEHEALTH MEDICAL CLINIC
316B Ang Mo Kio Street 31, #01-10, Singapore 563316
Co Reg No: 202223381W
Tel: +65 62526772

MEDICAL CERTIFICATE

MC No: 16872633018629771

NAME: CHAVDA ANKUR AMBARAMBHAI

NRIC: 58684638A

This is to certify that the above patient name is Unfit for Duty for a period of 3 day from 20-06-2023 to 22-06-2023 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Dr. Lin Zhi Yong

20-06-2023

Issued By

Signature

Date

DR. LIN ZHIYONG
MCR: 62131E
ACEHEALTH MEDICAL CLINIC
BLK 316B Ang Mo Kio Street 31-#01-10
Singapore 563316
Tel: +65 62526772
Email: acehealthmedical@gmail.com