

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 witholding 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.

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 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 28/06/2023 12:06 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/06/2023 17:30 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information AFTER EXIT 5 BEFORE EXITING TAMPINES AVE 10 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SLW8801P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner VINCENT LEE CHI SIANG NRIC No SXXXX357F Email Address leevincecs@gmail.com Mobile Phone No (Phone) +65-92225857 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 216i 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1499

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D23MTPV01003552

DRIVER

Name of Driver VINCENT LEE CHI SIANG NRIC No SXXXX357F Date Of Birth 23/05/1988 Occupation Indoor

Date Of Driving Pass 08/07/2009 Driving experience 13 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-92225857 Alt. Phone Number Email Address leevincecs@gmail.com Address 17 YISHUN STREET 51 #08-32 Address complement Postcode 767974 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο 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? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNB7735R Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

CHEW WEE KHEE, BRENDAN

SXXXX725H

Name of Driver

NRIC No

Contact Number	(Phone) +65-81398515
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

SJN3009P - -
-
-
Private car
FONG CHEE HOE
SXXXX726Z
(Phone) +65-90112818
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	VINCENT LEE CHI SIANG Male (Phone) +65-92225857
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLW8801P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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;
- (ii) 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

28/6/23 1128 AM

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

TPE APTINE FLYITS, BEFORE FLYIMS TOMPINES A-VIE 10

No contact

ST

SMETTISM SKNASSIT SLUBBORD

VALUEDOOPS

VALUE

6/23 11-26 AM

ribe Circumstance of the Accident	
In 27 Juny 2023, at around 5-25 PM, I was driving along TPE (toward North) on lane 1, when a vehicle (SJN 300° changed from lane 2 to my lane (lane 1), followed by an abrupt, sudden stop	7P)
I managed to stop my vehicle (SLW8801P) in time.	
Homover, the rehicle helind (SNB +735R) Collided with my car with max impact, causing my viliale to have forward to hit SIN 3009 P.	
There were 3 other value behind of total 6). Vehicle #4 (SKX9531T) did not hit vehicle #3 (SND	7735R
I did not acoust liability as I kept a safe distance & etypoell in time. Pls refer to video evidence familied.	
Declaration We declare the foregoing particulars are true in every respect.	
28(6/2) 28(6/2)	N

vJun2022











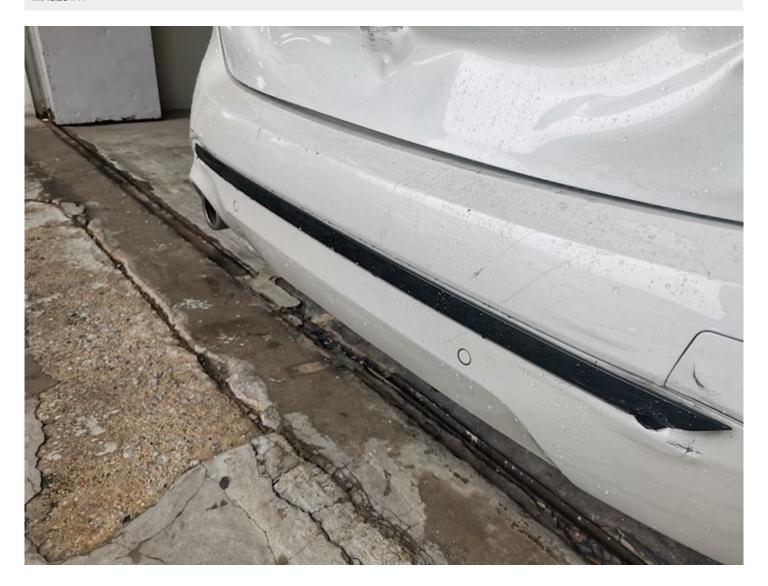






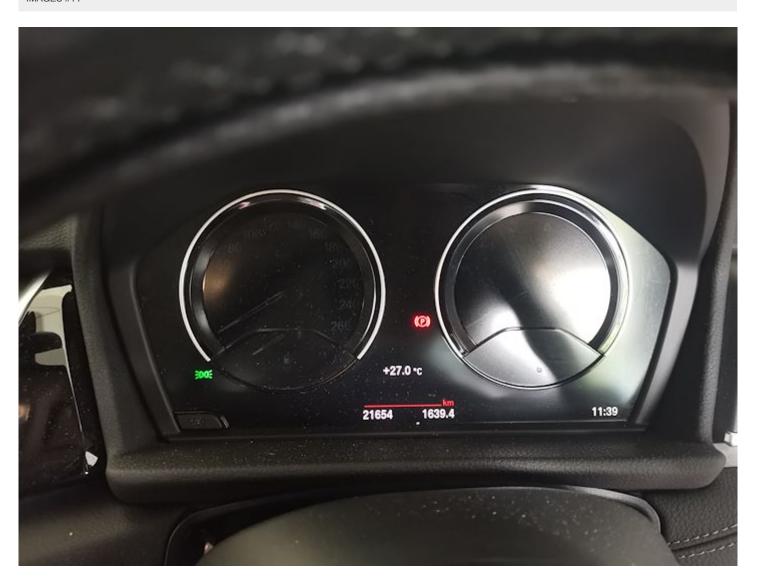


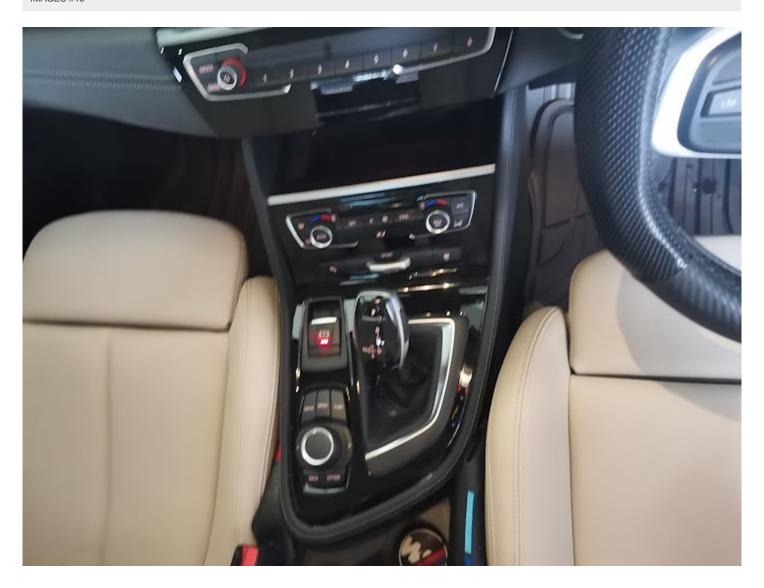


















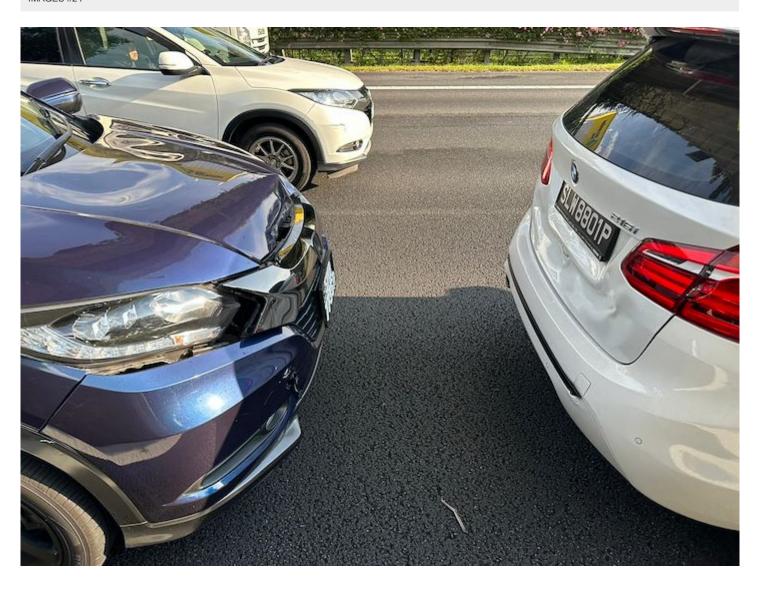


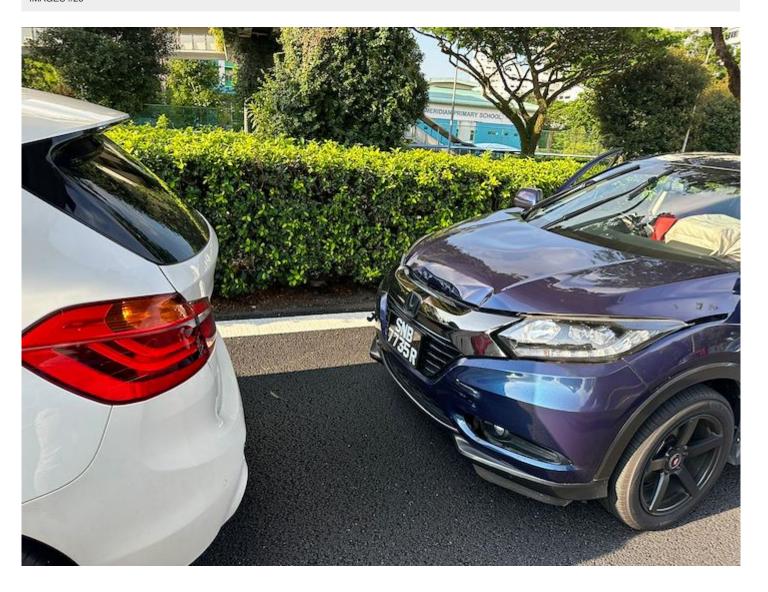






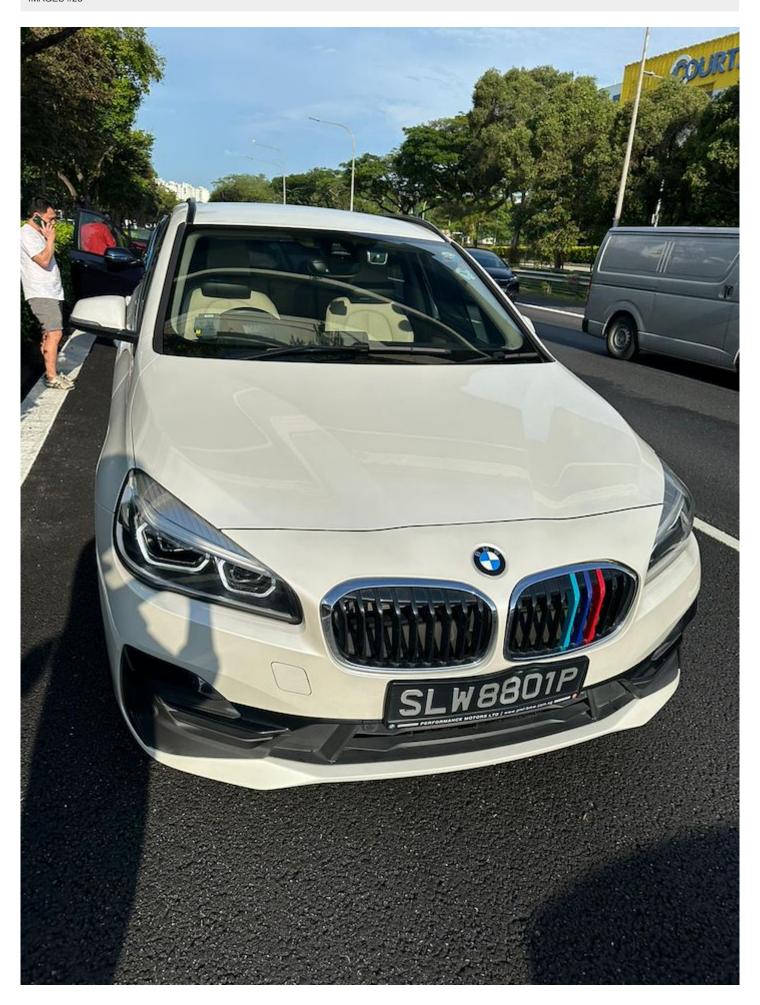














	ADDENDUM
()	P ARTICULARS OF PERSON MAKING THE AMENDMENTS:
	o riginal Report No: SN0923680005 Vehicle Registration No: SLW 8801P
	N ame (as shown in NRIC): Vincent Lee chi Stang NRIC/FIN/Passport No: 38818357F
	(**Vehicle Driver/Policyholder) (*) Please delete as appropriate
	Actiress: 17 Yishun Street 51 # 08-32 Singapore (76797
	Contact (Tel):Mobile No.:9222 5857
	Ernall Address: leevince cs@gmeil-com
	Date of Accident: 976 2023 Time of Accident: 17:80
	Place of Accident: After Exit 5 Before Exiting Tumpines Ave 10
	In surance Company:
(ACCITIONAL INFORMATION /AMENDMENTS:
)	I have made a report on the above-mentioned accident and would like to include additional information of
()	I have made a report on the above-mentioned accident and would like to include additional information of make the following amendments:
5)	I have made a report on the above-mentioned accident and would like to include additional information of
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