

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	13/07/2023 17:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/07/2023 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8776J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOH CHIN HIANG
NRIC No	SXXXX196A
Email Address	guanmotorworks@gmail.com
Mobile Phone No	(Phone) +65-96190432
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1800

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01019725

DRIVER

Name of Driver	SOH CHIN HIANG
NRIC No	SXXXX196A
Date Of Birth	18/11/1969
Occupation	Indoor

Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

01/02/1990
 33 YEARS AND 5 MONTHS
 Male
 (Phone) +65-96190432
 -
 guanmotorworks@gmail.com
 BLK 267 BISHAN STREET #03-158
 -
 570267
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Head to Rear
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
 Translator's name
 Translator's ID
 Translator's phone number
 Translator's email
 Original language used in the statement

No
 2
 Yes
 No
 Yes
 1
 No
 -
 -
 -
 -
 -

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Police Station Name
 Police Station Phone No
 Alt. Police Station Phone No
 Police Station Address
 Was notice of intended Prosecution given?
 If yes, against whom?

Yes
 Bishan Neighbourhood Police Centre
 (Phone) +65-18005529999
 (Fax) +65-65561905
 20 Bishan Street 23 Singapore 579757
 No
 -

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?

Yes
 NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant

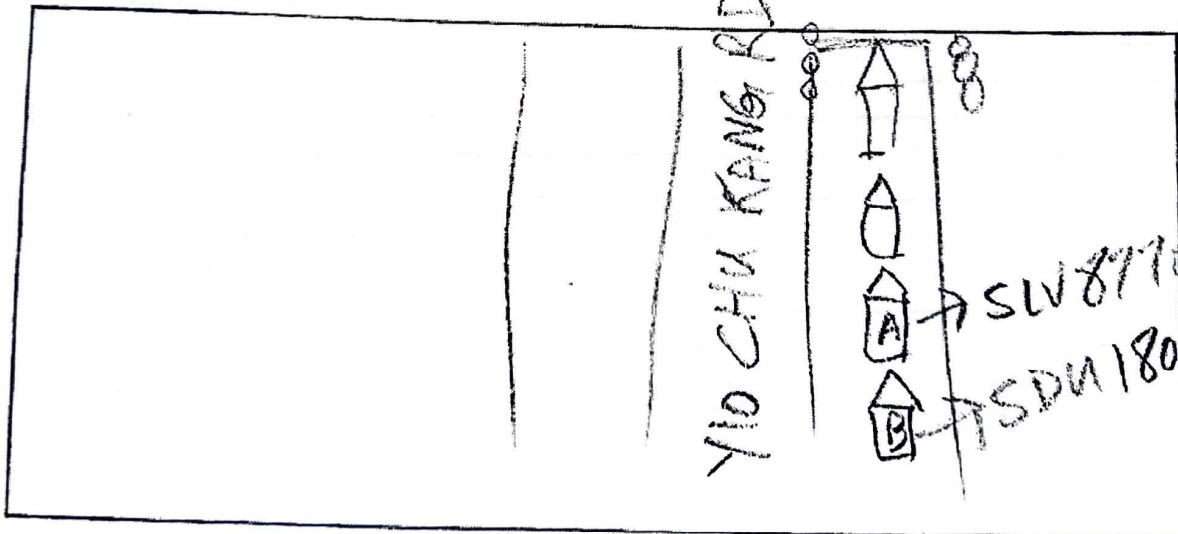
SDU1800T
 -
 -
 -


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 policies 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.

Sketch Plan




Policyholder's Signature / Date & Time


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

 
Witnessed by Reporting Centre Person(s)

ANULAN FORM 100/2017



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230713/2051

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Report No. T/20230713/2051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV8776J	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV01019725	01/12/2022	30/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEH PENG HONG CHRISTOPHER	ID No.	S1128663A
Related Vehicle	SDU1800T (Car)	Contact No.	96691090
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SOH CHIN HIANG	ID No.	S6940196A
Related Vehicle	SLV8776J (Car)	Contact No.	96190432
Hospital/Clinic	ONECARE CLINIC BISHAN	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/07/2023	Date Discharge	13/07/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/07/2023 at 1900hrs, I was driving my vehicle, SLV8776J along Yio Chu Kang Road towards Hougang Avenue 9. While I was at the traffic light, as the traffic light was red, I slowed down and eventually came to a stop. While I was stationary, I suddenly felt an impact from the rear portion of my vehicle. I alighted from my vehicle and realised that a vehicle, SDU1800T, had collided onto the rear portion of my vehicle. We both then exchanged particulars, took a few photos of the accident and went our separate ways.

I wish to state that on 13/07/2023, I felt pain on my neck portion as such I went to OneCare Clinic Bishan located at 279 Bishan Street 24 #01-44, Singapore 570279 and was given 3 days of medical certificate.