

MSME17161467 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 07/12/2017 17:37

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 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 ability.
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 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 Report 07/12/2017 17:37
Date Of Accident 06/12/2017 22:50
Exact Location Of Accident PIE TO CTE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGD9312L
Insured/Policyholder
Name Of Registered Owner ONG WEE YIK
NRIC No S8835949F
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-84988081
Alternative Phone No OFFICE-84988081

Vehicle Particulars

Manufacturer BMW
Model 420i

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number D17MTPV01010270
Cover Note Number

Driver

Name of Driver ONG WEE YIK
NRIC No S8835949F
Date Of Birth 27/09/1988
Occupation INDOOR
Date Of Driving Pass 17/07/2008
Driving Experience 9 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-84988081
Fax Number
Contact Number OFFICE-84988081
Email Address NOEMAIL