

## 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 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	05/06/2018 15:55
Date Of Accident	02/06/2018 16:00
Exact Location Of Accident	ALONG PATERSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA33S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUM SOH HAR, MICHAEL
NRIC No	S0751657F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98332323
Alternative Phone No	OFFICE-98332323

### Vehicle Particulars

Manufacturer	BENTLEY
Model	CONTINENTAL GTC-6.0 (A)
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MV008831-R01
Cover Note Number	

### Driver

Name of Driver	KUM SOH HAR, MICHAEL
NRIC No	S0751657F
Date Of Birth	30/05/1944
Occupation	INDOOR
Date Of Driving Pass	02/01/1965
Driving Experience	53 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98332323
Fax Number	
Contact Number	OFFICE-98332323
Email Address	NOEMAIL

Address	7 EWART PARK
Postcode	279739
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ONG BEE YONG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to attached

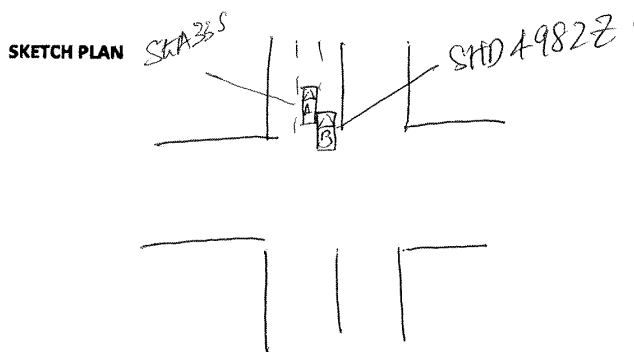
#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4982Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Travelling along Peterson Rd, felt an impact on the  
rear Rd portion of my car.

DECLARATION

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



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S0751657F**




Name  
**KUM SOH HAR, MICHAEL**




甘烈明  
Race  
**CHINESE**  
Date of Birth  
**30-05-1944** Sex  
**M**  
Country of Birth  
**SINGAPORE**



0354719



NRIC No. **S0751657F**



Blood Group  
**O+** Date of issue  
**23-05-1992**

**7 EWART PARK**  
**SINGAPORE 279739**  
NRIC No: **S0751657F** Date: **29/04/2009** No: **6141273**

Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**

