

MKFS19103890 / Kan Fook Sing Motor Workshop - Defu
 ENTRY DATE & TIME: 07/08/2019 17:05
 SUBMITTED BY: Margaret Lee

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 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 Report 07/08/2019 17:05
 Date Of Accident 07/08/2019 07:30
 Exact Location Of Accident DEFU LANE 11
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK4394L
 Insured/Policyholder
 Name Of Registered Owner KWEK SIAK MING
 NRIC No S1686758F
 Email Address JES.LIMKK@GMAIL.COM
 Mobile Phone No (LOCAL) +65-91195510
 Alternative Phone No OFFICE-91195510

Vehicle Particulars

Manufacturer HONDA
 Model CITY

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 D19MTPV01000761

Cover Note Number

Driver

Name of Driver KWEK SIAK MING

NRIC No S1686758F

Date Of Birth 15/04/1965

Occupation OUTDOOR

Date Of Driving Pass 13/02/1986

Driving Experience 33 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91195510

Fax Number

Contact Number OFFICE-91195510

Email Address JES.LIMKK@GMAIL.COM

Address

BLK 301B ANCHORVALE DR #13-61 S542301

Postcode

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 (including own vehicle) involved in the accident 2

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: JESLIN LIM

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 REPORT

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 SLW4088H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JOSEPH LEONARD SEBASTIAN

NRIC/Passport Number

Contact Number 94870771

Address NA

Postcode NA

Insurance Company Name

Nature Of Damage

Accident Sketch Plan Pg. 1

SKETCH PLAN



A: SLK 4394 L.
B: SLK 4384

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was standing at the bus cross to let
pedestrian to cross. Suddenly I felt an impact from
behind on parked vehicle & was hit on my
rear portion.

INSURER	Sampo.
VEHICLE	SLK 4394 L.
DOB	7/6/19.
CLAIM TYPE	1/P.
WORKSHOP	SLK 4394 L.

DECLARATION

I/We declare the foregoing particulars are true to my best knowledge.

Policyholder's Signature	Date & Time	Driver's Signature	Date & Time	Report & Centre Representative's Signature	Name	INSTITUTION
	7/6/19		7/6/19			