

### 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	15/08/2019 14:37
Date Of Accident	11/08/2019 18:00
Exact Location Of Accident	ALONG OLD HOLLAND ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE958L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PANG GEM HUI
NRIC No	S7511354D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82681254
Alternative Phone No	OFFICE-82681254

#### Vehicle Particulars

Manufacturer	PIAGGIO
Model	FLY 150-151CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MTMC01006412
Cover Note Number	

#### Driver

Name of Driver	PANG GEM HUI
NRIC No	S7511354D
Date Of Birth	05/04/1975
Occupation	INDOOR
Date Of Driving Pass	07/01/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82681254
Fax Number	
Contact Number	OFFICE-82681254
EMail Address	NOEMAIL

Address	BLOCK 311 ANG MO KIO AVENUE 3 #08-2114
Postcode	560311
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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)	0

#### 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

Please refer to the attached Sketch Plan for the accident details.

#### Attachment(s)

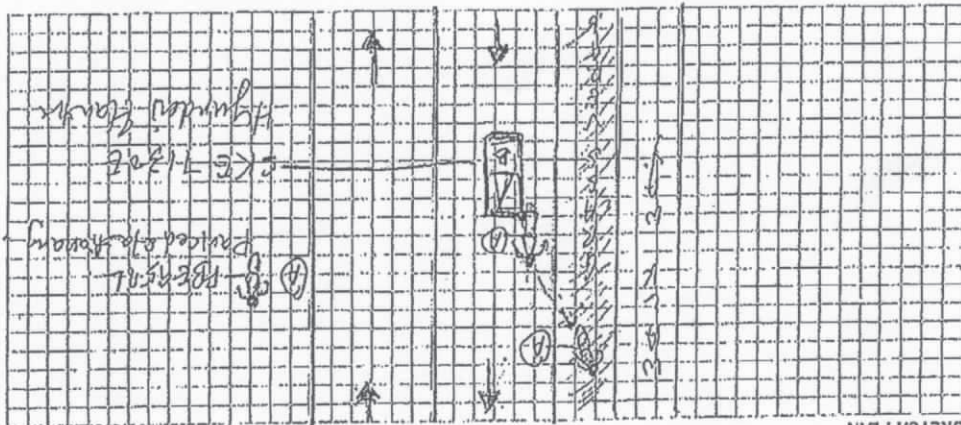
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE7130E
Vehicle Make/Model/Colour	HYUNDAI ELANTRA GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE FATT
NRIC/Passport Number	
Contact Number	83117320
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my stationary bike parked at side road.  
A motor vehicle, SKG 1305, recklessly hit the rear portion of my bike and seat + flipping into the grass verge.  
Damaged to my bike no: FBE 9567 was bad..  
The driver of SKG 1305 - Mr. Lee fast advised me to forward the damage to his insurance company. but then exchanged particulars + arranged to tow my bike to my workshop - smelt all.

DECLARATION

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

Policyholder's Signature

Date & Time: 15/8/2019

GLAMC SketchPlanForm\_V3 2:20pm

Driver's Signature

Date & Time: 15/8/2019

2:20pm

Name: NR/C/PIN No.:

Reporting Centre Personnel's Signature

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