

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	20/01/2020 19:32
Date Of Accident	19/01/2020 08:35
Exact Location Of Accident	AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9429E
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Insured/Policyholder

Name Of Registered Owner	TEO HON HONG
NRIC No	SXXXX103H
Email Address	TEOHONHONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97512261
Alternative Phone No	OTHERS-97512261

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN-2.0 (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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	TEO HON HONG
NRIC No	SXXXX103H
Date Of Birth	23/02/1981
Occupation	INDOOR
Date Of Driving Pass	16/01/2004
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97512261
Fax Number	
Contact Number	OTHERS-97512261
Email Address	TEOHONHONG@GMAIL.COM

Address	31 PASIR RIS STREET 72 #03-24
Postcode	518769
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 - CHANGE/CROSS LANE
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)	1

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 SKETCH PLAN

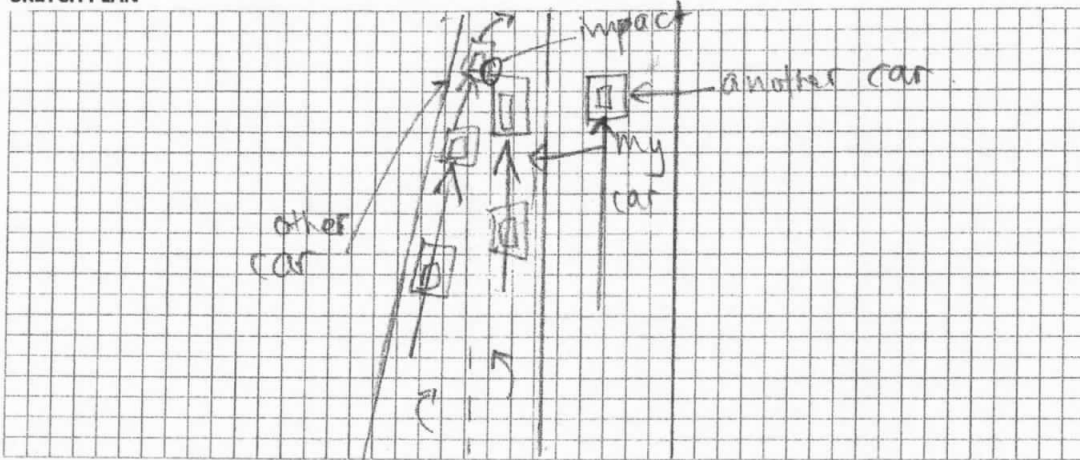
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4422Z
Vehicle Make/Model/Colour	HYUNDAI IONIQ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAM HAN YANG
NRIC/Passport Number	SXXXX145H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on a merging lane and then on a single lane. The other vehicle accelerated from behind after the merging lane and tried to overtake me at high speed. But he could not clear the lane in time and hit my vehicle. Vehicle did not signal at all (by light or horn)

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm V3

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

COMFORT DELGRO ENGINEERING PTE LTD
320 UBI ROAD 3
SINGAPORE 408649
TEL: 6746 7558 FAX: 6743 6072

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