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## 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	06/10/2020 16:08
Date Of Accident	05/10/2020 19:10
Exact Location Of Accident	WEST COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2062Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG TUAN CHIAU
NRIC No	SXXXX647J
Email Address	PETERANG1978@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90305818
Alternative Phcne No	OTHERS-90305818

### Vehicle Particulars

Manufacturer	HONDA
Model	STEPWAGON-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	D20MTPV01002976
Cover Note Number	23/03/2020 - 22/03/2021

### Driver

Name of Driver	ANG TUAN CHIAU
NRIC No	SXXXX647J
Date Of Birth	04/10/1978
Occupation	INDOOR
Date Of Driving Pass	26/09/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90305818
Fax Number	
Contact Number	OTHERS-90305818
Email Address	PETERANG1978@GMAIL.COM

Address 39A WEST COAST PARK  
 #05-01  
 Postcode 127712  
 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 -  
 -  
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**General Information of the Accident**

Type Of Accident COLLISION - MAJOR/MINOR RD  
 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? YES  
 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 THE SKETCH PLAN BY DRIVER

**Attachment(s)**

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

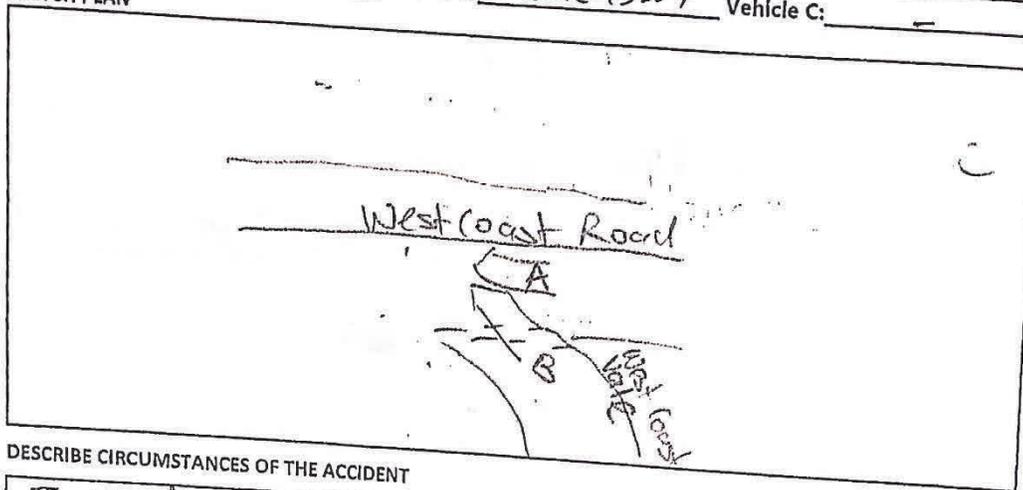
**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMC9320Y  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Sketch Plan Pg. 2

Date of accident: 5/10/20 Time: 9:10 Location: West Coast Rd  
My Vehicle A: 8LN20624 Vehicle B: SMC9320Y Vehicle C: \_\_\_\_\_



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving on West Coast Road. A car, SMC9320Y came out from West Coast Vale and hit my front left bumper and left tire and rim.

Claim OD/TP at Ah Lim Motor  Claim OD/TP at other workshop  Reporting Only

Remarks: Please forward a copy of my efile accident report to:  
My workshop :  
Email address :  
& myself :  
Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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 Center Personnel's Signature  
Name:  
NRIC/FIN No.:

AH LIM MOTOR COMPANY