

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	19/11/2020 14:18
Date Of Accident	18/11/2020 16:30
Exact Location Of Accident	TAMPINES AVE 7 (SLIP ROAD TO TPE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA142B
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Insured/Policyholder

Name Of Registered Owner	LEE AI MOI
NRIC No	SXXXX907B
Email Address	AMYLEE4466@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98231286
Alternative Phone No	OFFICE-98231286

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

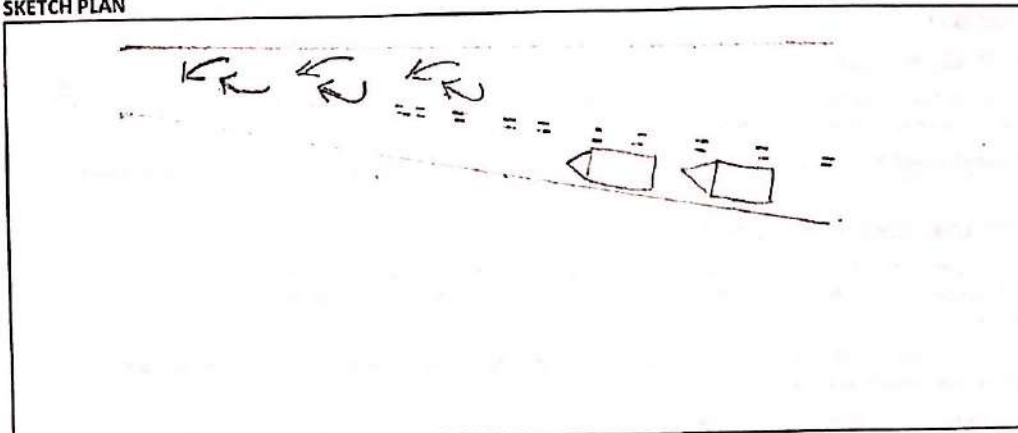
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01009731
Cover Note Number	19/08/2020 TO 18/08/2021

Driver

Name of Driver	MAH SHAN JIE DOMINIQUE
NRIC No	SXXXX470J
Date Of Birth	30/04/1995
Occupation	INDOOR
Date Of Driving Pass	19/08/2015
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97119429
Fax Number	
Contact Number	
E Mail Address	AMYLEE4466@GMAIL.COM

Sketch Plan Pg. 2

Date of accident: 18/11/2020 Time: 16:30 HR Location: TAMPINES AVE 7 (SLIP ROAD TO TPE)
 My Vehicle A: SLA 142 B Vehicle B: CB 7509 H Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While entering the slip road from Tampines Avenue 7 towards TPE, the vehicle in front of me stopped suddenly for oncoming traffic and I misjudged the stopping distance, resulting in me hitting the rear end of the front vehicle.

☒ 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 Centre Personnel's Signature
Name: 19/11/2020
NRIC/FIN No.:

AH LIM MOTOR COMPANY