

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 Submission 09/02/2021 10:52 (SGT)
Date of Accident 08/02/2021 22:15 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TOWARDS AMK AVE 1 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA76H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH CHOON LEONG
NRIC No SXXXX565E
Email Address roykoh1565@gmail.com
Mobile Phone No (Phone) +65-94500790
Alternative Phone No +65-94500790

VEHICLE PARTICULARS

Manufacturer BMW
Model 520i
Variant -
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MTPV01006088
Cover Note Number 12/05/2020 - 11/05/2021

DRIVER

Name of Driver KOH CHOON LEONG
NRIC No SXXXX565E
Date Of Birth 10/10/1976
Occupation Indoor

Accident report SA1921290002

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Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

26/05/1995
25 YEARS AND 9 MONTHS
Male
(Phone) +65-94500790
+65-94500790
roykoh1565@gmail.com
291C COMPASSVALE ST
#08-260
543291
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
2
No
-
Yes
3
No

PASSENGER 1

Name
Gender

MILDRED
Female

PASSENGER 2

Name
Gender

CALISTA KOH
Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

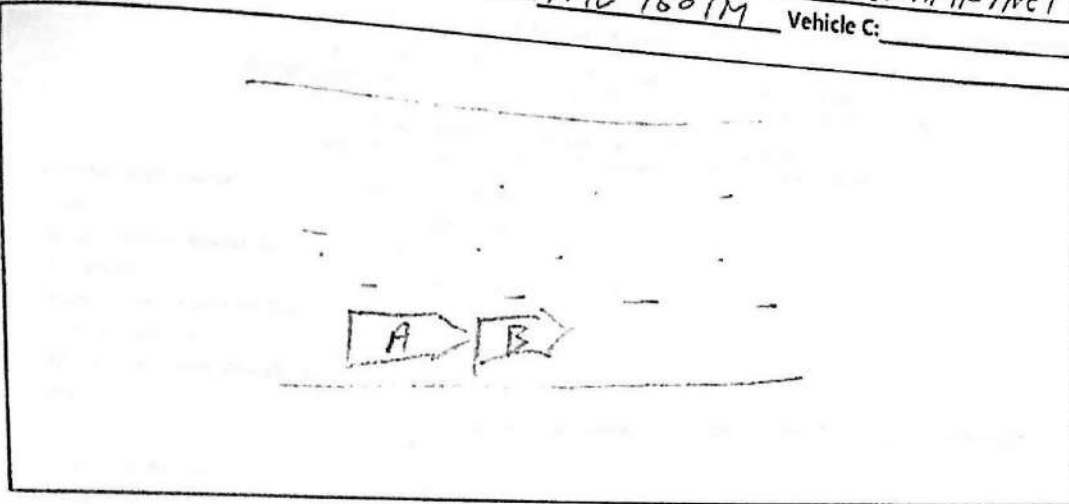
Yes
Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

SME7807M
-
-
-

Date of accident: 08.02.2021 Time: 2215H Location: CTE towards AMK Ave 1 Exit
My Vehicle A: SJA 76H Vehicle B: SME 7807M Vehicle C: _____
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/02/2021 @ 2215H, I was driving along CTE ~~AMK~~ towards AMK Ave 1 Exit direction. I was driving along lane 2 and was filtering into lane 1. After filtering into lane 1, the car in front suddenly broke and I started to slow down but the car in front suddenly jam brake and I am unable to brake stop my car in time.

☐ 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:
NRIC/FIN:



AH LIM MOTOR COMPANY