

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	03/05/2021 17:26 (SGT)
Date of Accident	02/05/2021 16:00 (SGT)
Exact Location of Accident	Lor 6 Toa Payoh, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK52X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOW SENG ONN
NRIC No	SXXXX362E
Email Address	stanley@uitech.onmicrosoft.com
Mobile Phone No	(Phone) +65-96758487
Alternative Phone No	+65-96758487

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01006784
Cover Note Number	-

DRIVER

Name of Driver	CHOW SENG ONN
NRIC No	SXXXX362E

Date Of Birth	26/08/1969
Occupation	Indoor
Date Of Driving Pass	21/12/1992
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96758487
Alt. Phone Number	+65-96758487
Email Address	stanley@uitech.onmicrosoft.com
Address	BLK 17 LORONG 7 TOA PAYOH
Address complement	#10-224
Postcode	310017
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN SAI THIANG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I drove my car SFK52X out from my parking lot turning left. As my vehicle body was already more than half moving out from the lot, the opposite vehicle SMK3411R moved out from her lot and hit onto the right front of my vehicle.

ATTACHMENT(S)

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







