

# 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 ..... 08/07/2021 14:39 (SGT)  
Date of Accident ..... 07/07/2021 17:05 (SGT)  
Exact Location of Accident ..... 60 Tessensohn Rd, Singapore 217664  
Additional Location Information ..... TESSENSOHN ROAD TOWARDS BALESTIER ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLR8745U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEW YOON CHONG WINSTON  
NRIC No ..... SXXXX274D  
Email Address ..... winstonchew@gmail.com  
Mobile Phone No ..... (Phone) +65-90111467  
Alternative Phone No ..... (Home) +65-90111467

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Forester  
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 ..... 1999

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... -

### DRIVER

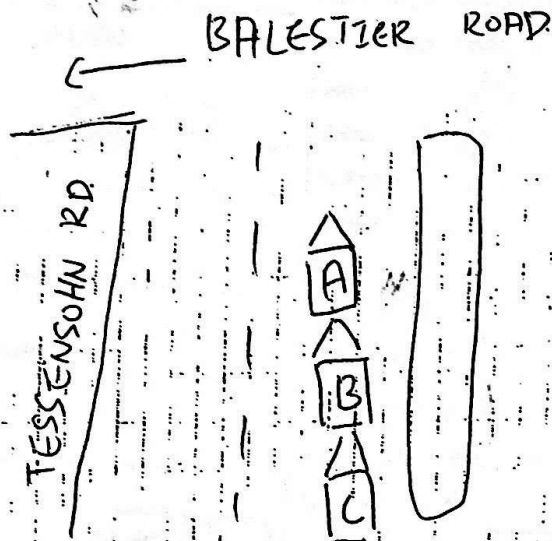
Name of Driver ..... CHEW YOON CHONG WINSTON  
NRIC No ..... SXXXX274D

**SKETCH PLAN**

A=) SLR 8745U

B=) SBA 73K

C=) SMZ 9761L

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was travelling ~~at~~ Tessensohn road going towards  
Balestier. Suddenly, I felt an impact on ~~the~~ the

back of my vehicle. ~~then~~ for from vehicle B. When

I got down ~~the~~ ~~at~~ my vehicle, I ~~was~~ saw the  
back of my vehicle is damaged.

**DECLARATION**

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

*[Signature]*