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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	18/10/2018 14:27	
Date Of Accident	17/10/2018 19:00	
Exact Location Of Accident	LORNIE ROAD FLYOVER TOWARDS TOA PAYOH	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKQ6452U	
Insured/Policyholder		
Name Of Registered Owner	CHEOW PEE YONG	
NRIC No	S1545213G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-83991312	
Alternative Phone No	OFFICE-83991312	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	ASX 2.0 CVT ABS D/AIRBAG 2WD	
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	D17MTPV01018157	
Cover Note Number		
Driver		

Name of Driver ONG AH MENG
NRIC No S6829667F
Date Of Birth 15/09/1968
Occupation INDOOR
Date Of Driving Pass 24/12/2014

Driving Experience 3 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83991312

Fax Number

Contact Number

EMail Address AM ONG@SINGNET.COM.SG

Address HDB ANCHORVALE COURT, 301D ANCHORVALE DRIVE 544301

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD, FOLLOWING VEHICLE C A DISTANCE. THE ROAD WAS VERY CONGESTED AND WHEN VEHICLE C MADE A STOP, I FOLLOW SUIT. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR AT GREAT IMPACT BY VEHICLE B. THE IMPACT PUSHED MY VEHICLE FORWARD AND HIT THE REAR OF VEHICLE B. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT

Attachment(s)

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

Remarks/ Reasons: PENDING FROM INSURED

Was there any audio recorded? NC

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU5669K

Vehicle Make/Model/Colour HYUNDAI/ ELANTRA AD 1.6 GLS AT

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver HO CHAN HENG

NRIC/Passport Number S7615765J Contact Number 97502560

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJU3043C

Vehicle Make/Model/Colour VOLKSWAGEN/ JETTA 1.4 TSI AT 1K21G5

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TAN WEE PHENG

NRIC/Passport Number
Contact Number

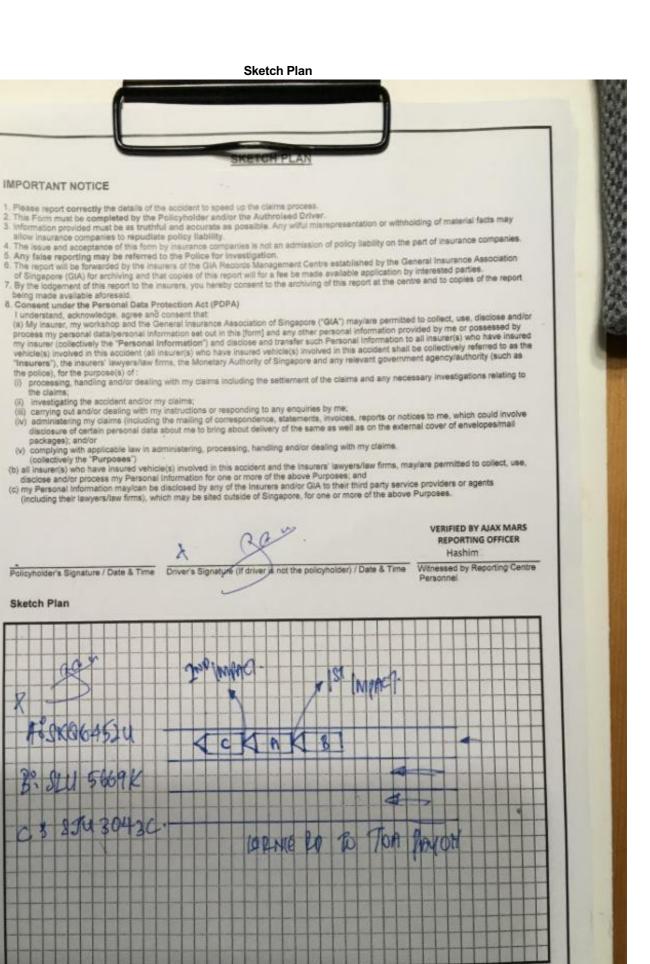
S7021797Z 93872259

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



ACCIDENT STATEMENT (2000 characters)

18 October 2018 at 11:29 AM

	ICLE C A DISTANCE. THE ROAD WAS	
NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.		
Taxi Voucher No.:		
DECLARATION		
I/We declare that the above particulars & information provide	d above are true in every aspect	
VERIFIED BY AJAX MARS REPORTING OFFICER - HASHIM BIN KAMARI	Cy	
MARS Officer		
	Registered Owner or Driver's Signature	
Job Complete Date/Time	Date/Time:	

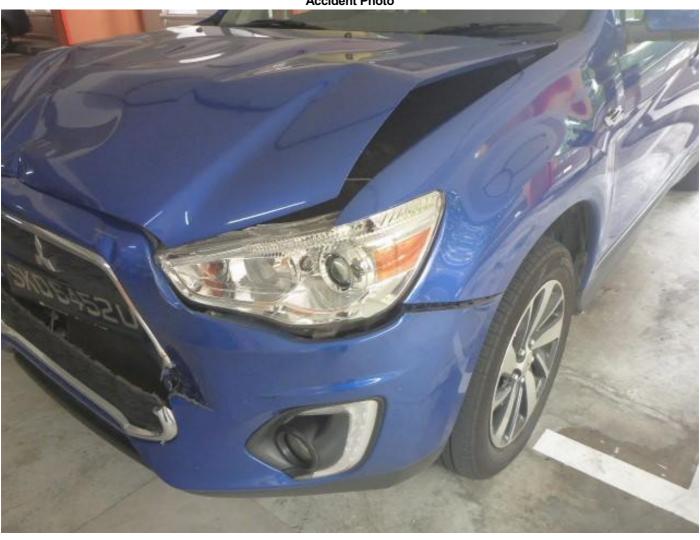
18 October 2018 at 11:29 AM



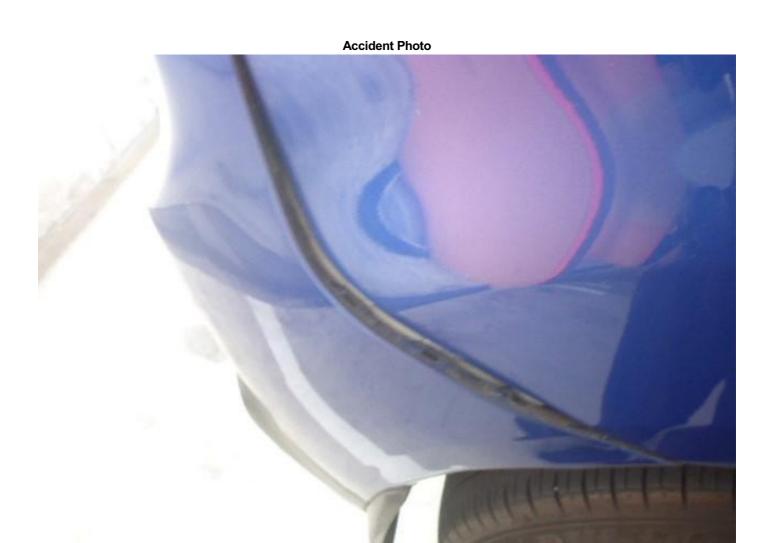






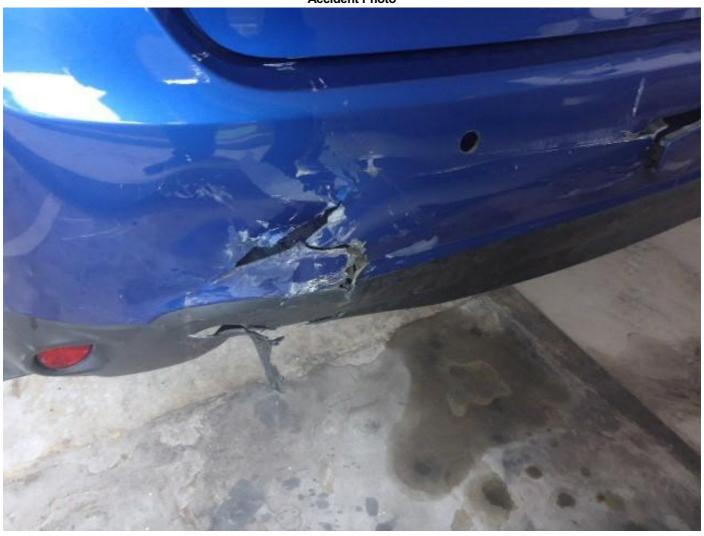


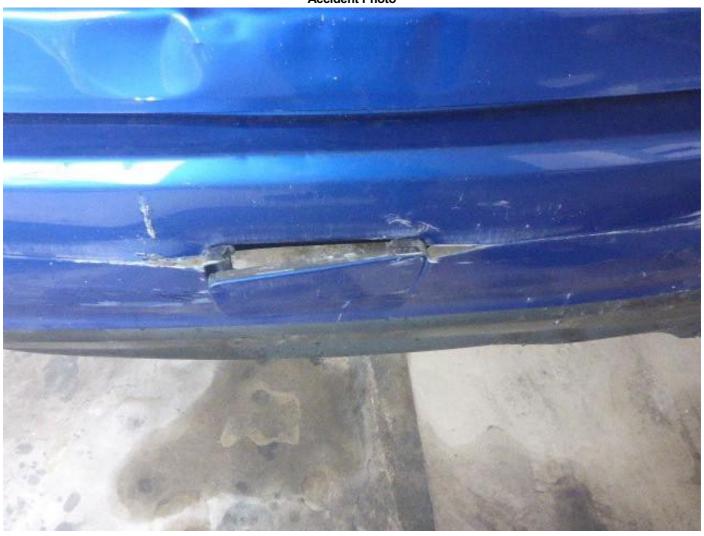
















Driving License

