

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 10/12/2021 23:05 (SGT)
Date of Accident 10/12/2021 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PATTERSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH463A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PRASHANT KANODIA
NRIC No SXXXX002B
Email Address kanodiaprashant@gmail.com
Mobile Phone No (Phone) +65-96481622
Alternative Phone No +65-96481622

VEHICLE PARTICULARS

Manufacturer Lexus
Model Rx270
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 2672

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPV01009671
Cover Note Number 16/08/2021 - 15/08/2022

DRIVER

Name of Driver PRASHANT KANODIA
NRIC No SXXXX002B

Date Of Birth	17/12/1979
Occupation	Indoor
Date Of Driving Pass	09/09/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96481622
Alt. Phone Number	+65-96481622
Email Address	kanodiaprashant@gmail.com
Address	BLK 93 ROBERTSON QUAY #12-01
Address complement	-
Postcode	238255
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ARYAN KANODIA
Gender	Male

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

REFER TO STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

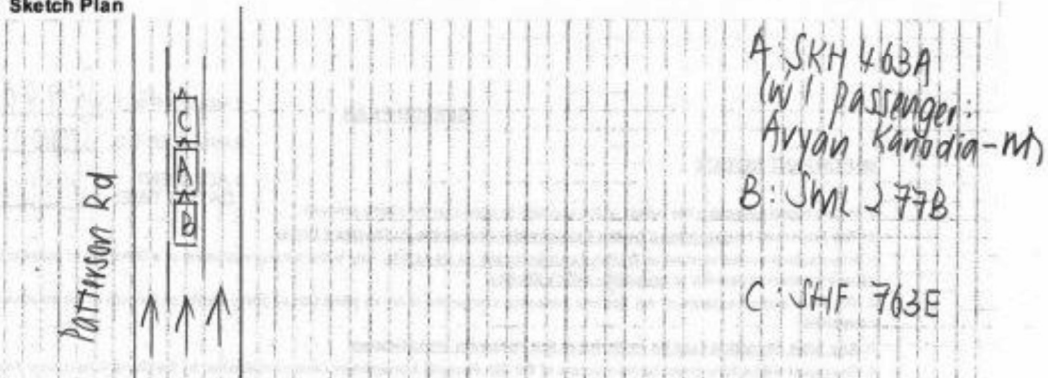
Vehicle Registration Number	SML277B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	JESSLYN Kianto
NRIC No	SXXXX974E
Contact Number	(Phone) +65-96201678
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHF763E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Sketch Plan

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Vehicle No: SKH 463A (Jompo)
Date & Time: 10/12/2021 @ 12.50 (clearing day)
I follow motor taxi SHF 763E to stop before the traffic light junction, waiting for traffic light to turn green.
Motor car SML 277B came from behind and hit onto the rear portion of my stationary car, the impact caused my vehicle to push forward to hit onto the rear portion of SHF 763E. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy 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 No.: _____

() Claim Own Policy ☒ Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()