

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 | 31/12/2021 10:18 (SGT) |
| Date of Accident | 30/12/2021 10:07 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | PIE TOWARDS LORNIE RD EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDS5515B

INSURED/POLICYHOLDER

Is company?

No

Name Of Registered Owner

HO CHIT SENG

NRIC No

S1710499C

Email Address

SHERYL.TANLH@YAHOO.COM.SG

Mobile Phone No

(Phone) +65-98536142

Alternative Phone No

+65-91472154

VEHICLE PARTICULARS

Manufacturer

Mercedes

Model

E200

Variant

E200 AVG (R18 LED)

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

1991

INSURANCE COMPANY

Name of Insurance Company

Tokio Marine Insurance Singapore Ltd
Comprehensive

Type of Coverage

No

Excess Policy

MQ002358

Policy Number

21/06/2021 - 20/06/2022

Cover Note Number

DRIVER

Name of Driver

TAN LAY HIONG
S7103681B

IC No

Date of accident: 30/12/2021

Time: 10:07

Location:

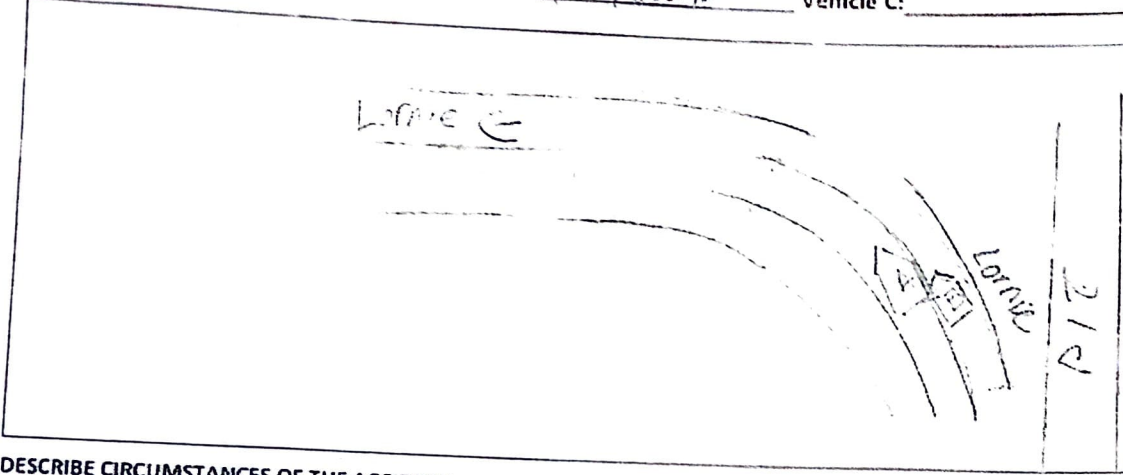
PIB Toward Lornie Road Exit

My Vehicle A: SP55516B

Vehicle B: XB 485B

Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I exit PIB Toward Lornie, weather was fine there was road work on the left lane and slow moving traffic I was on the centre lane but the Lorry XB 485B cut into the lane and knock on my right bumper without my notice when I stop my car in carpark then notice was very knock.

☐ 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 you 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:

Ah Lim
Reporting Centre/Personnel's Signature
Name:
NRIC/FIN No.: