



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	11/02/2022 16:35 (SGT)
Date of Accident	10/02/2022 20:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS JURONG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ6192T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG HON MIN
NRIC No	S1779044G
Email Address	unimotorco@singnet.com.sg
Mobile Phone No	(Phone) +65-98188596
Alternative Phone No	+65-98188596

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	MARK X
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	2500

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01012365
Cover Note Number	-

DRIVER

Name of Driver	CHONG HON MIN
NRIC No	S1779044G

Date Of Birth	03/02/1966
Occupation	Indoor
Date Of Driving Pass	15/02/1984
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-98188596
Alt. Phone Number	+65-98188596
Email Address	unimotorco@singnet.com.sg
Address	BLK 941 JURONG WEST ST 91 #10-475
Address complement	-
Postcode	2264
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	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	TAY BOON LAN
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 WAS DIRIVING ALONG PIE TOWARDS JURONG LANE 1. MY FRONT VEHICLE (SGR1207L) STOPPED. SO, I APPLIED BRAKE AND STOP BEHIND. OUT OF SUDDEN, VEHICLE (SMP4721M) CANNOT STOP IN TIME AND HIT ONTO MY CAR AND FORCE MY CAR FORWARD HIT ONTO THE FRONT CAR (SGR1207L) REAR PORTION

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

Vehicle Registration Number	SMP4721M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM PENG HUAT
NRIC No	S0032427B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SGR1207L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHONG HON MIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJJ6192T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

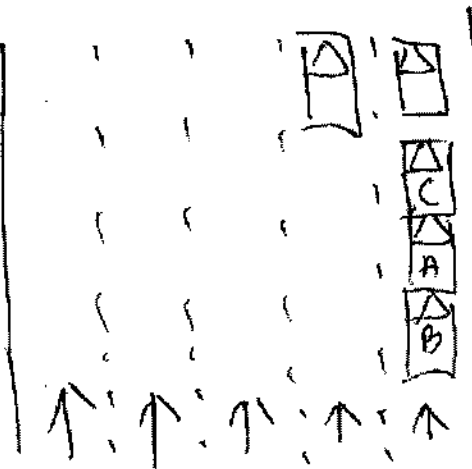
INJURED 2

Name of injured person	TAY BOON LAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJJ6192T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

1. The first step is to identify the key components of the system. This involves understanding the hardware, software, and data involved. For example, in a web application, the components might include the server, the database, and the client-side code.

Signature of Signatory: _____ Date: _____
 Printed Name of Signatory: _____
 Signature of Witness: _____ Date: _____
 Printed Name of Witness: _____
 Signature of Recording Officer: _____
 Printed Name of Recording Officer: _____

PIE
TOWARD
JULIAN



I WAS DRIVING ALONG HE TOWARD THROUGH LANE 1.
MY FRONT VEHICLE S6R1207L STOPPED SO I APPLIED MY BRAKE
AND STOP BEHIND. OUT OF SUDDEN VEHICLE SMP4721M
COULDN'T STOP IN TIME AND HIT INTO MY CAR REAR FORCE
MY CAR FORWARD HIT INTO THE FRONT CAR S6R1207L
REAR PORTION.

Declaration

I declare the information provided is true and correct.



Driver's Signature (if driver is the policyholder) Date
& Time



Driver's Signature (if driver is not the policyholder) Date
& Time

Witnessed by Reporting Officer
Date and Time