

# 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 ..... 16/02/2022 20:43 (SGT)  
Date of Accident ..... 16/02/2022 11:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PORTSDOWN FLYOVER TWDS ALEXANDRA  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML9008C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN CHENG HOE  
NRIC No ..... SXXXX170B  
Email Address ..... TAN.CHENGHOE1127@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98291127  
Alternative Phone No ..... +65-98291127

### VEHICLE PARTICULARS

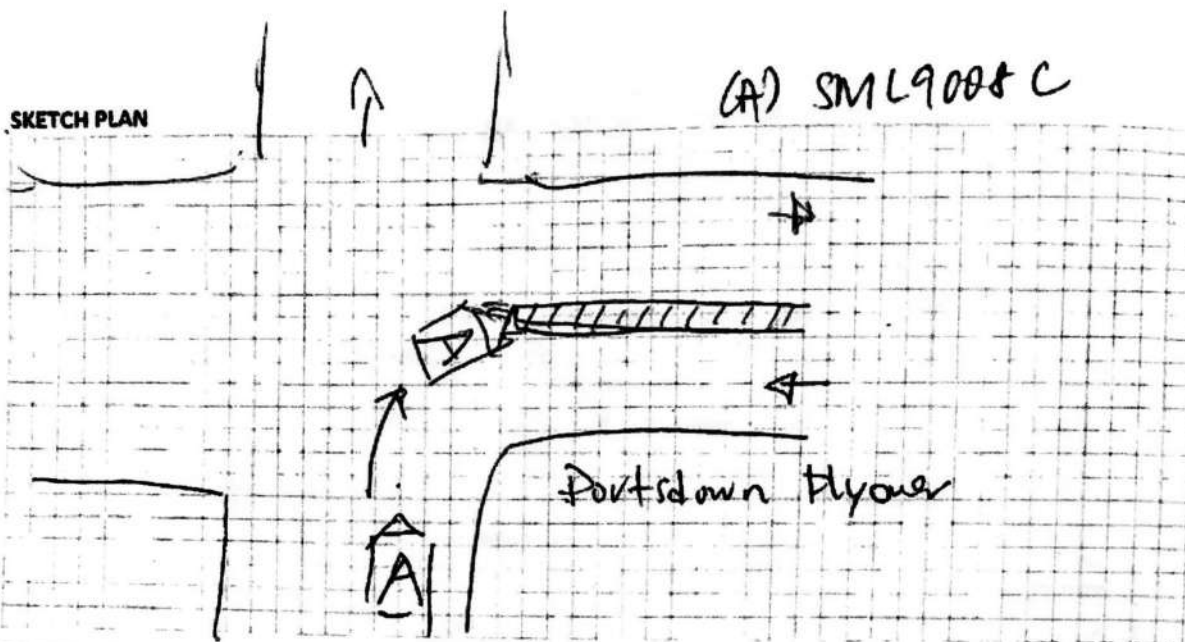
Manufacturer ..... Toyota  
Model ..... Fortuner  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2694

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z21VP05029372  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN CHENG HOE  
NRIC No ..... SXXXX170B



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 16/2/22 at 11:15 am : I was driving my vehicle (A) SML9008C at Portstown Flyover towards Alexandra. When I turn right, suddenly my vehicle hit onto the curve/kerb and traffic light. No damage to Traffic Light. my car is damaged.

**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.:

