

# 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 ..... 22/06/2022 11:04 (SGT)  
Date of Accident ..... 19/06/2022 09:28 (SGT)  
Exact Location of Accident ..... Malaysia  
Additional Location Information ..... SHELL, LOT 2128 JALAN YAHYA AI DATTA (80300)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKT42T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JACSON FENG @ FENG JIANMNG  
NRIC No ..... SXXXX986I  
Email Address ..... fengjacson@yahoo.com  
Mobile Phone No ..... (Phone) +65-81823802  
Alternative Phone No ..... +65-81823802

### VEHICLE PARTICULARS

Manufacturer ..... Mini  
Model ..... Cooper  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTPV01014204  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JACSON FENG @ FENG JIANMNG  
NRIC No ..... SXXXX986I

Date Of Birth .....	01/11/1969
Occupation .....	Indoor
Date Of Driving Pass .....	13/08/1988
Driving experience .....	33 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81823802
Alt. Phone Number .....	+65-81823802
Email Address .....	fengjacson@yahoo.com
Address .....	89 FLORA DRIVE #02-72
Address complement .....	-
Postcode .....	506890
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 .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SNE3519J
Vehicle Manufacturer .....	Honda
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 ..... -  
No. Of Passenger (Including Driver) ..... -



## Describe Circumstances of the Accident

ON 19 JUN 2022 AT ABOUT 9.28 AM, AFTER FINISHED PAYING FOR PETROL, I DROVE OFF FROM MY LANE. UPON ENTERING AFTER A RIGHT TURN, A VEHICLE SQUAZED INTO THE SINGLE LANE & COLLIDED INTO ME.


THAT WAS 2 PERSONS INCLUDING THE 3RD PARTY DRIVER. UPON CHECK THAT WAS SLIGHT SCRATCHES ON BOTH VEHICLES. OTHER DRIVER SUGGESTED TO MAKE REPORT.

THAT'S ALL


  
22/06/22

## Declaration

We declare the foregoing particulars are true in every respect.

  
22/6/22 0940HRS  
Policyholder's Signature / Date & Time

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

  
22/06/2022  
Witnessed by Reporting Centre Personnel

















































