SS2/229K0001 / SME MOTOR PTE LTD ENTRY DATE & TIME: 20/09/2022 10:01 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (20/09/2022 10:01 (SGT))



## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 20/09/2022 10:01 (SGT) Reported by Both Date of Accident 19/09/2022 11:45 (SGT) **Exact Location of Accident** CTE, Singapore Additional Location Information **EXIT MOULMEIN** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKX4654E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

THNG HOCK GUAN

SXXXX107A

KENTHNG62@GMAIL.COM (Phone) +65-98520678

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category Transmission

CC

Nissan

X-trail

Private use

No - Claiming third party

Private car Auto

2000

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd 21-MS012113-R02

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

THNG HOCK GUAN SXXXX107A 22/05/1965 Indoor

Contact Number	(Phone) +65-965/7043
Address	-
Address complement	
Postcode	1-1
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

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

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Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel