

## 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 Actual 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	31/10/2022 14:14 (SGT)
Reported by	Both
Date of Accident	29/10/2022 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE7951S

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANG CHUNLIANG
NRIC No	SXXXX332F
Email Address	PCL.CHUNLIANG@GMAIL.COM
Mobile Phone No	(Phone) +65-84680816
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS ES250 LUXURY AUTO
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2494

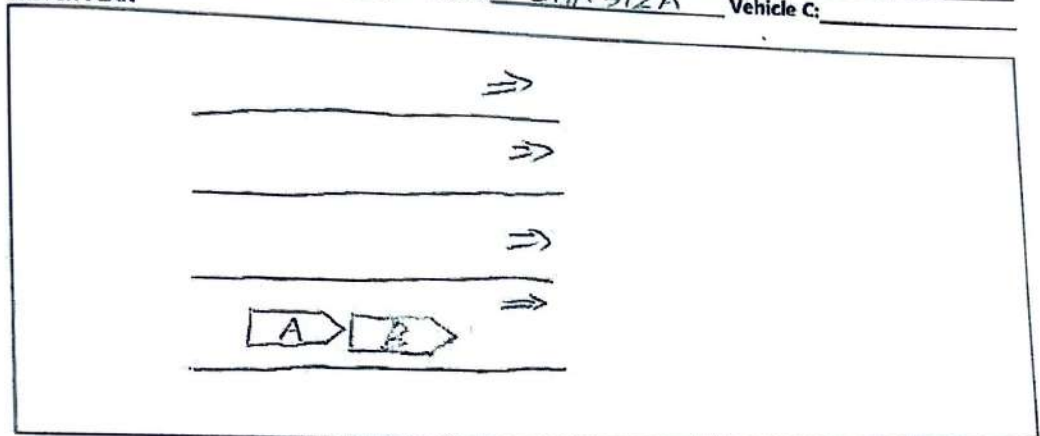
#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01008996

#### DRIVER

Name of Driver	WANG CHUNLIANG
NRIC No	SXXXX332F
Date Of Birth	29/08/1983
Occupation	Indoor

Date of accident: 29/10/2022 Time: 14:45 Location: PTE towards Tuaru  
My Vehicle A: SNE7951S Vehicle B: SHA312A Vehicle C: \_\_\_\_\_



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report No. T/2022 (029/2022)

Type: Own Damage claim

☒ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remainder 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 your 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:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: