

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	16/11/2022 16:47 (SGT)
Reported by	Owner
Date of Accident	15/11/2022 20:15 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TWDS CITY EXIT OF WOODLANDS AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU9753Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD
Company Reg No	199400399N
Email Address	SINGHEE82@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81395656
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1797

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01017682

DRIVER

Name of Driver	WONG SING HEE
NRIC No	S8280770E
Date Of Birth	25/06/1982
Occupation	Indoor

Date Of Driving Pass	20/06/2006
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81395656
Alt. Phone Number	-
Email Address	SINGHEE82@HOTMAIL.COM
Address	BLK 621 WOODLANDS DRIVE 52 #09-38
Address complement	-
Postcode	730621
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 TRAVELLING ALONG SLE (CITY) EXIT OF WOODLANDS AVE 2. VEHICLES AHEAD SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, VEHICLE B REAR ENDED MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV2345X
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 B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG SING HEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU9753Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS

I WAS TRAVELING ALONG SLE (CHY) EXIT OF WOODLANDS AVE ? VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUITE. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE.

[Faint, illegible text area, likely a sketch or detailed description of the accident scene.]

Declaration:

I hereby declare that the information furnished by me is true and correct.

I understand that this report will be used for the purpose of determining the cause of the accident and the responsibility for the accident. I understand that this report will be used for the purpose of determining the cause of the accident and the responsibility for the accident.


Name: [Name]
Address: [Address]


Name: [Name]
Address: [Address]


Name: [Name]
Address: [Address]