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 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	05/04/2023 13:25 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 17:55 (SGT)
Exact Location of Accident	113 Depot Rd, Block 113, Singapore 100113
Additional Location Information	OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9424H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PANG SU LI
NRIC No	SXXXX792A
Email Address	pangtk@outlook.com
Mobile Phone No	(Phone) +65-96638243
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1318

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01019695

DRIVER

Name of Driver	PANG TAO KUAN
NRIC No	SXXXX317G
Date Of Birth	27/10/1949
Occupation	Indoor

Date Of Driving Pass	09/04/1973
Driving experience	50 YEARS
Gender	Male
Mobile Number	(Phone) +65-96638243
Alt. Phone Number	-
Email Address	pangtk@outlook.com
Address	BLK 113 DEPOT ROAD #22-1029
Address complement	-
Postcode	100113
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Side Swipe
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
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

PLEASE REFER TO SKETCH PLAN

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	SHA8631B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ANUAR BIN ALI
NRIC No	SXXXX169D

Contact Number	(Phone) +65-97203901
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

ON 04/04/2023 AT ABOUT 17:55HRS I WAS AT BLK
113 DEPOT ROAD I WAS REVERSING TO PARK MY
VEHICLE TO A CAR PARK I JUST A SLIDE BRUSH I
HAS A SMALL SCRATCH ON THE FRONT RIGHT SIDE OF
A TAXI SHA8631B. THE TAXI WAS TOO CLOSE TO ME
WHEN I WAS ABOUT TO REVERSE INTO A PARKING
LOT

Declaration
I/We declare that the foregoing particulars are true in every respect.

X

Policyholder's Signature / Date & Time   Actual Driver's Signature (if driver is not the policyholder)   Witnessed by Reporting Centre Personnel
                                          / Date & Time   (Name as in NRIC/ID card)

05/04/2023

v.Jun2022

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