

# 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 .....	28/04/2023 14:30 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/04/2023 20:51 (SGT)
Exact Location of Accident .....	Tiong Bahru, Singapore
Additional Location Information .....	INFRONT OF LINK HOTEL
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNK2701Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN HIAN WEE ANDREW
NRIC No .....	SXXXX659B
Email Address .....	andrewtanhw@gmail.com
Mobile Phone No .....	(Phone) +65-96517928
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Camry
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 .....	2487

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D23MTPV01004162

### DRIVER

Name of Driver .....	TAN HIAN WEE ANDREW
NRIC No .....	SXXXX659B
Date Of Birth .....	29/07/1970
Occupation .....	Indoor

Date Of Driving Pass .....	02/11/1996
Driving experience .....	26 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96517928
Alt. Phone Number .....	-
Email Address .....	andrewtanhw@gmail.com
Address .....	BLK 58 HAVELOCK ROAD #30-170
Address complement .....	-
Postcode .....	161058
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 - 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? .....	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 .....	SLV6831X
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Shuttle
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YEO CHENG HIANG
NRIC No .....	SXXXX320I

Contact Number .....	(Phone) +65-96903520
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

Stop at tiny bahru Road awaiting for traffic light to turn green. Just in front of Lick hotel.


Light turn green, cars move forward, vehicle in front of me move forward I proceed but car in stop my car hit the rear. Speed travel was less than 20.

Declaration

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

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



























