SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report promptly 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 policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part
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 Genera 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 a

ACCIDENT STATEMENT

Date of Submission	03/08/2022 11:42 (SI
Reported by	Both
Date of Accident	02/08/2022 18:20 (SI
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL UNDER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT192U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO YI WEI RABNIC
NRIC No	S8701693E
Email Address	RABNICK@YAHOO.
Mobile Phone No	(Phone) +65-978751
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Seat
Model	Leon
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?	No - Claiming third pa
Vehicle Category	Private car
Transmission	Auto
CC	1000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Sin
Policy Number / Cover Note Number	SP2001883958-01

03/08/22 @ 1154am
PRI Arranged

Your Ref : GEP9855L
Our Ref : SMT192U (Seat Leon)
Date :

ACKNOWLEDGEMENT

THIS IS TO CONFIRM THAT I
I Kahamdin [NAME OF SURVEYOR]
OF Liberty [SURVEYOR COMPANY]
HAVE COMPLETED AS FOLLOWS ;

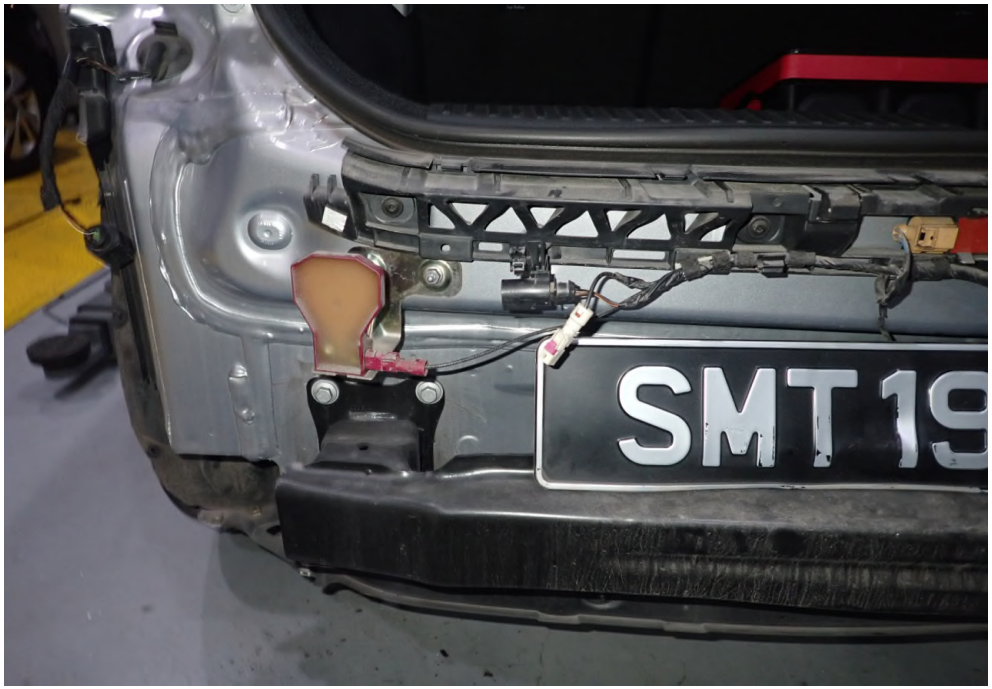
(A) PRE-REPAIR SURVEY/INSPECTION ON 05/08/2022 [DATE] AT @1145 [TIME]
* To arrange with ins 1 working day.
97457652 Rear
SIGNATURE & CONTACT NO. OF SURVEYOR WITNESSED BY

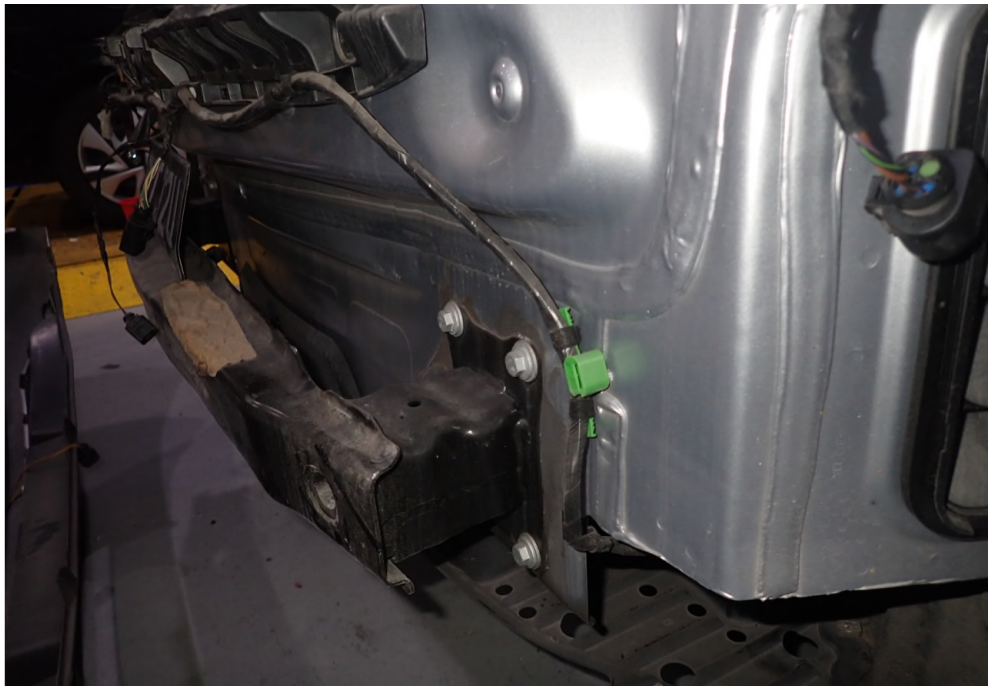
(B) RE-SURVEY/INSPECTION ON 05/08/2022 [DATE] AT @1200 [TIME]
Kahamdin
NAME & SIGNATURE OF SURVEYOR WITNESSED BY

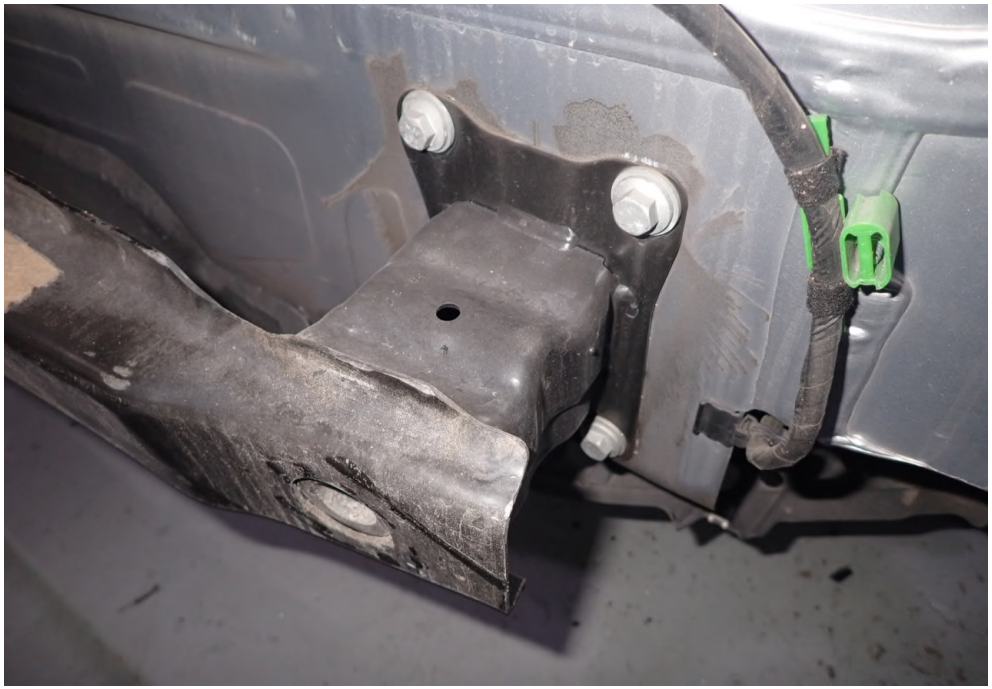
(C) POST-SURVEY/INSPECTION ON _____ [DATE] AT _____ [TIME]
NAME & SIGNATURE OF SURVEYOR WITNESSED BY

SMT 192U

SMT 192U


SMT 19





SMT192U