

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 Authorised 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 ability.
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 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 Report	14/12/2015 14:02
Date Of Accident	13/12/2015 15:15
Exact Location Of Accident	PIE NEAR THE EXIT OF ENG NEO AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU9599L
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Insured/Policyholder

Name Of Registered Owner	LAU GIAM TONG
NRIC No	S1332265A
Email Address	lau19@singnet.com.sg
Mobile Phone No	(LOCAL) +65-96786901
Alternative Phone No	Others-63665453

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO

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

If No, Please state action to be taken

Third Party

Vehicle Category

Private Car

Insurance Company

Name of Insurance Company	Overseas Assurance Corporation Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2015-V0083424-VDP-R004
Cover Note Number	

Driver

Name of Driver	LAU GIAM TONG
NRIC No	S1332265A
Date Of Birth	26/02/1958
Occupation	Indoor
Date Of Driving Pass	17/04/1978
Driving Experience	37 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-96786901
Fax Number	
Contact Number	Others-63665453
Email Address	lau19@singnet.com.sg

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Owner

Vehicle Registration Number of Driver's Own Vehicle -

-

-

Insurance Company of Driver's Own Vehicle -

-

-

General Information of the Accident

Type Of Accident

Collision- Head to Rear (TP Hit Insured)

Weather Conditions

AFTER RAIN

Road Surface

Wet

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? No

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKF9034G

Vehicle Make/Model/Colour TOYOTA / CAMRY

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number 81118080

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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8. Consent under the Personal Data Protection Act (PDPA)

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.



Witnessed by Reporting Centre
Personnel

Describe Circumstances of the Accident

On 13/12/2015 @ about 1515 hrs, I was driving along PIE
Near to Eng Neu Ave Exit on the Third lane.

Suddenly a Vehicle from my rear on the 2nd lane cut into my
lane on the rear and collided onto my car, forces my Vehicle
to spin...

Declaration

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

 14/12/15

Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel