

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	25/09/2017 10:39
Date Of Accident	22/09/2017 20:00
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9336B
Insured/Policyholder	
Name Of Registered Owner	UNIVERSAL STEEL INDUSTRIES PTE LTD
Co Reg No	- 300602866K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91799018
Alternative Phone No	OFFICE-91799018
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVPPSB0517281702 (COMP)
Cover Note Number	
Driver	
Name of Driver	LEE KOK SENG
NRIC No	S7464897E
Date Of Birth	04/11/1974
Occupation	INDOOR
Date Of Driving Pass	18/11/2008
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91799018
Fax Number	
Contact Number	OTHERS-91799018
Email Address	NOEMAIL

Address	BLK 317B YISHUN AVE 9 #05-280
Postcode	762317
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	HOUGANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING STRAIGHT ALONG PIE TOWARDS TUAS ON THE CENTRE LANE. A VEHICLE SGA 9687X WHICH WAS DRIVING ON THE RIGHT MOST LANE SUDDENLY CUT INTO MY LANE ABRUPTLY. THUS, VEHICLE SGA 9687X LEFT SIDE PORTION COLLIDED INTO THE RIGHT SIDE PORTION OF MY VEHICLE. AFTER THE ACCIDENT, ONE MALE SUBJECT NAMELY DE SAGON H CHRISTOPHER, IC : S7912638A HP: 86066887 APPROACHED ME AND ASKED ME WHETHER I NEED HIS HELP TO PROCEED WITH THE INSURANCE CLAIM, I REJECTED HIM. THEREAFTER, DE SAGON H CHRISTOPHER WENT OVER TO THE DRIVER OF VEHICLE SGA 9687X WHICH WAS PARKED AT THE LEFT MOST LANE AND DE SAGON H CHRISTOPHER WENT UP TO HER AND ASKED HER THE SAME QUESTION WHETHER SHE NEED HIS HELP TO CLAIM INSURANCE. IN THE EVENING, AT ABOUT 20:03 HOURS, DE SAGON H CHRISTOPHER CALLED ME AND ASKED ME TO SIGN A FORM AND ADMIT MY FAULT WHICH I IMMEDIATELY REJECTED. (ATTENDED BY CHRISTINA)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGA9687X
Vehicle Make/Model/Colour	MITSUBISHI / LIGHT BLUE
Details Of Properties	
Name of Driver	ZHANG FENGHUA
NRIC/Passport Number	S2660594F
Contact Number	93875959
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

▸ **Details of Witness**

Name

Phone Number

Email Address