

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	11/10/2017 12:36
Date Of Accident	10/10/2017 13:00
Exact Location Of Accident	KALLANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2194B
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Insured/Policyholder

Name Of Registered Owner	LUBRITRADE TRADING PTE LTD
Co Reg No	0
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84847378

Vehicle Particulars

Manufacturer	OPEL
Model	W0L0XCF2584015511

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
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If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8- V0002440-MVA-R008
Cover Note Number	

Driver

Name of Driver	YEW YEW GRESS
NRIC No	S7309992G
Date Of Birth	17/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84847378
Fax Number	
Contact Number	
Email Address	NOEMAIL