

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	23/10/2017 19:48
Date Of Accident	22/10/2017 13:50
Exact Location Of Accident	PIE TOWARDS CHANGI (AFT ADAM FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1481X
Insured/Policyholder	
Name Of Registered Owner	GOH CHERN-YU CHRISTOPHER
NRIC No	S7329011B
Email Address	CHRISTOPHERGOHCY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81023110
Alternative Phone No	OTHERS-81023110

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V10633/R0
Cover Note Number	

Driver

Name of Driver	GOH CHERN-YU CHRISTOPHER
NRIC No	S7329011B
Date Of Birth	01/08/1973
Occupation	INDOOR
Date Of Driving Pass	21/10/1991
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81023110
Fax Number	
Contact Number	OTHERS-81023110
EEmail Address	CHRISTOPHERGOHCY@GMAIL.COM

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 CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 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) 3

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CHOA CHU KANG NPC
 Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: OWNER HAVE NOT SUBMITTED AT TIME OF FILING
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGQ2317B
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver PEH SIONG KEE
 NRIC/Passport Number S7243947C
 Contact Number 92219979
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJG6605K
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver MUHAMMAD IMRAN BIN AHMAD
NRIC/Passport Number S9002299G
Contact Number 91259584
Address
Postcode
Insurance Company Name ERGO INSURANCE PTE. LTD.
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SCG5208Y
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver LIM CHENG ZHONG, PAUL MATTHEW
NRIC/Passport Number S8835819H
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJG6605K
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

Vehicle No <u>SLS 1481X</u>	<h2 style="margin: 0;">SKETCH PLAN</h2>	Annex D
<u>IMPORTANT NOTICE</u>		
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Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
<div style="position: relative;"> <div style="position: absolute; top: 10px; right: 10px; font-size: 2em;">X 23/10</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 1.5em;"> Refer to attached </div> </div>		
Please continue to Annex E		

Sketch Plan Pg. 2

Vehicle No <u>SLS1481X</u>	Annex E	
Describe Circumstances of the Accident		
<p>Refer to attached statement.</p>		
Declaration		
We declare the foregoing particulars are true in every respect.		
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel