

(Draft)

MLHM17153571 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming  
ENTRY DATE & TIME: 20/11/2017 16:25

## 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	20/11/2017 16:25
Date Of Accident	20/11/2017 14:30
Exact Location Of Accident	TOWARDS ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4523L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAYLESS AUTOFLEET RENTAL
Co Reg No	53039146E
Email Address	HARRYLEE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97353488
Alternative Phone No	Office-63483500

**Vehicle Particulars**

Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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 HIRE

**Insurance Company**

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1707011700
Cover Note Number	

**Driver**

Name of Driver	KATHERINE ONG PAIK WOON
NRIC No	S2669004H
Date Of Birth	14/05/1960
Occupation	INDOOR
Date Of Driving Pass	10/03/1997

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

# SKETCH PLAN

AMK Ave 6

Pedestrian  
Crossing

Yio Chu Kang  
Road

NS  
Lentor Avenue / MRT

A SLJ4523L

B SHA 2560L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 20<sup>th</sup> November 2017, at 2.30pm, I was driving with my husband in car SLJ 4523L towards AMK Ave 6, on Yio Chu Kang Road. At The turning junction into AMK Ave 6, I stopped at The zebra/pedestrian crossing for a pedestrian to cross. At That point, both my husband and I were jolted in our seats as a taxi hit us from behind. The taxi concerned is driven by Mr Ang Chu Guan, (S 0431103E) car registration SHA 2560L.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

20.11.17 20 NOV 2017

4.17pm



Driver's Signature  
(If driver is not the policyholder)

Date & Time: 20.11.17

4.17pm

Reporting Centre Personnel's Signature  
Name: Poon Kwee Choo  
NRIC/FIN No.: S6840583A