

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	23/11/2017 11:40
Date Of Accident	22/11/2017 15:10
Exact Location Of Accident	SENGKANG SLIP RD > TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2266Y
Insured/Policyholder	
Name Of Registered Owner	HANDPHONESHOP PTE LTD
Co Reg No	200403899K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63478988

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V08152/VCV/R03
Cover Note Number	

Driver

Name of Driver	YONG TECK SHING
NRIC No	S1615034G
Date Of Birth	20/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1985
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96215868
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 462 PASIR RIS DRIVE 04 #05-389
Postcode	510482
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	COLLISION - HEAD TO REAR
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)	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

REFER TO BELOW STATEMENT/SKETCH PLAN: ATTENDED BY SITI

Attachment(s)

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

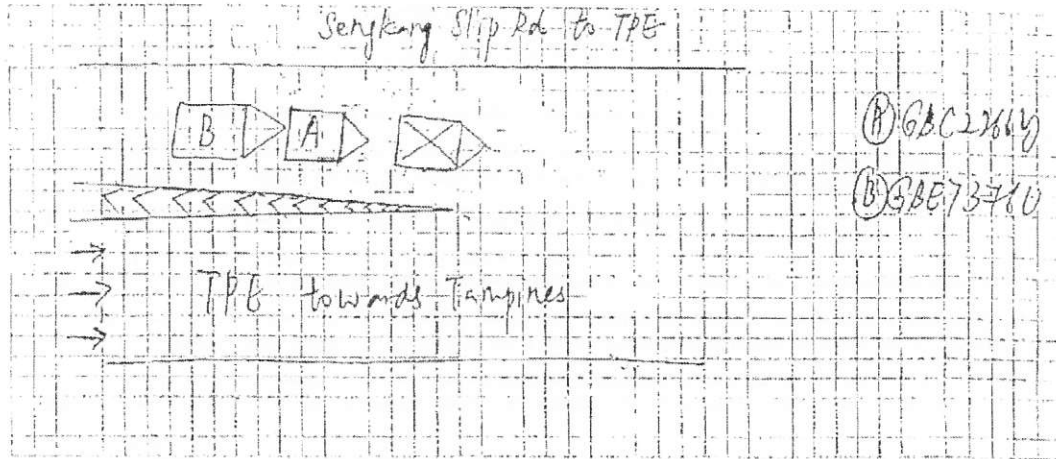
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE7376U
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Name of Driver	ANG YI RONG
NRIC/Passport Number	G2113710W
Contact Number	84219370
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Sengkang Slip Road to TPE. While the vehicle in front jammed brakes, I also stopped in time. My vehicle was stationary. Suddenly vehicle B came from behind and hit the rear portion of my vehicle. While accident was captured by my vehicle built-in video recorder.

DECLARATION

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



Policyholder's Signature
Date & Time: 22/11/17



Driver's Signature
(If driver is not the policyholder)
Date & Time:

23 NOV 2017

IDAC KAKI BUKIT (AC)
23 KAKI BUKIT AVE 4
Singapore 415933

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: