

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 12/12/2017 18:56
Date Of Accident 12/12/2017 09:10
Exact Location Of Accident TRADE HUB OUTSIDE TRAFFIC LIGHT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA5990L
Insured/Policyholder
Name Of Registered Owner CHEN PU
NRIC No S8572137B
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96161544
Alternative Phone No OFFICE-96161544

Vehicle Particulars

Manufacturer HONDA
Model STREAM-1.8 X (A)

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 LONPAC INSURANCE BHD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number Z17VP05015304
Cover Note Number

Driver

Name of Driver CHEN PU
NRIC No S8572137B
Date Of Birth 15/10/1985
Occupation INDOOR
Date Of Driving Pass 22/04/2008
Driving Experience 9 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96161544
Fax Number
Contact Number OFFICE-96161544
Email Address NOEMAIL

Address BLK 678 WOODLANDS AVE 6 # 08- 728
Postcode 730678
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 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. YES
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 SKETCH PLAN.

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 SLC8723L
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver MD HAFIZ BIN AB MUTALIB
NRIC/Passport Number S72210541
Contact Number 97111072
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address