

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 | 11/06/2012 09:52 |
| Date Of Accident | 10/06/2012 14:45 |
| Exact Location Of Accident | SIDE RD OF TAMPINES ST. 72 NEAR BLK 735 |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJH4803M |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|---------------|
| Name Of Registered Owner | TAY CHIN SENG |
| NRIC No | S0969912J |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | ALLION 1.5 A |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| 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 | Chartis Singapore Insurance Pte Ltd |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100268686-00000 |
| Cover Note Number | |

Driver

| | |
|--|---|
| Name of Driver | TAY CHIN SENG |
| NRIC No | S0969912J |
| Date Of Birth | 13/05/1947 |
| Occupation | Indoor |
| Date Of Driving Pass | 22/01/1982 |
| Driving Experience | 30 Years And 4 Months |
| Gender | Male |
| Mobile Number | (Local) +65-90884282 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | |
| Address | BLK 761 BEDOK RESERVOIR VIEW #04-321 |
| Postcode | 470761 |
| 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 (TP Hit Insured)
Weather Conditions Clear
Road Surface Dry

Other Information

Was any body injured in the Accident? No
Was any other material or property damaged? Yes

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

I WAS STATIONARY ALONG THE SIDE ROAD OF TAMPINES ST. 72 NEAR BLK 735 FOR ALIGHT MY GRANDSON. SUDDENLY A VEHICLE B HIT ONTO THE REAR RIGHT PORTION OF MY VEHICLE.
Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD5978E
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
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

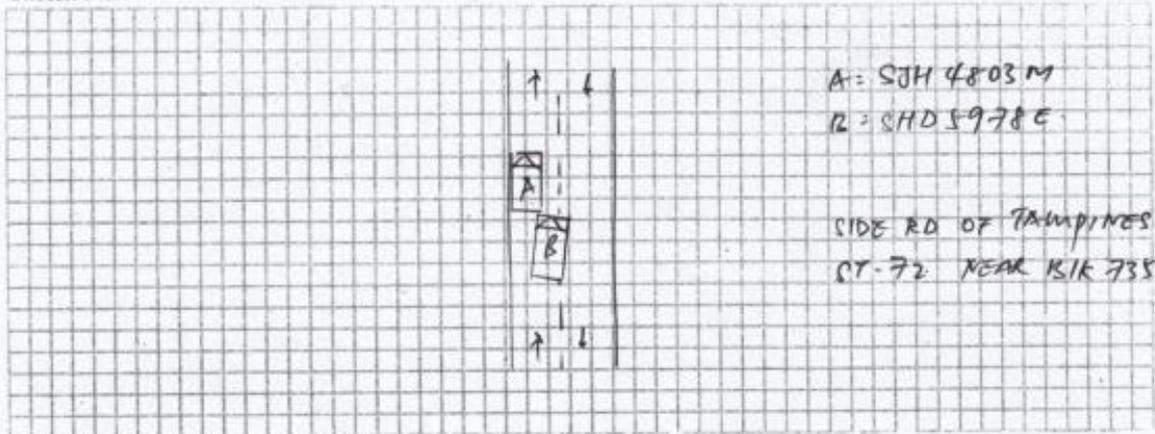
Accident Sketch Plan

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

I was stationary along the side rd of Tampines St. 72 near blk 735 for alight my grandson. Suddenly a vehicle B hit onto the rear right portion of my vehicle.

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo

