

## 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	10/01/2018 16:46
Date Of Accident	10/01/2018 07:55
Exact Location Of Accident	JUNCTION OF YIO CHU KANG & HOUGANG AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE345E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M&T AIR-CON ENGINEERING
Co Reg No	53276124C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (M)
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3060131700
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM YEOK CHIANG
NRIC No	S8781765B
Date Of Birth	07/05/1987
Occupation	INDOOR
Date Of Driving Pass	17/02/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90995442
Fax Number	
Contact Number	
E-Mail Address	MELVIN.LIMTECKCHIAN@GMAIL.COM

Address BLK 289B COMPASSVALE CRESCENT  
#12-327  
Postcode 542289  
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 ON COLLISION  
Weather Conditions CLEAR  
Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Number of vehicles involved in the accident  
Was any body injured in the Accident? NO  
Was any injured conveyed to hospital by ambulance? 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) 2  
Passenger 1 NAME: : TAN BEE EAN  
GENDER: : FEMALE

#### 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

ON 10/01/2018 AT ABOUT 0758HRS AT JUNCTION OF YIO CHU KANG ROAD AND HOUGANG AVE 2. I WAS TRAVELLING ON THE EXTREME LEFT LANE ALONG YIO CHU KANG ROAD TOWARDS UPPER SERANGOON ROAD AND WHEN COMING TOWARDS THE ABOVE MENTIONED JUNCTION, A VEHICLE (B) FROM THE OPPOSITE DIRECTION MADE A RIGHT TURN WITHOUT GIVING WAY AND WITHOUT STOPPING FOR MY ON-COMING VEHICLE AND HENCE COLLIDED ONTO MY WHOLE RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) GBE345E (B) SLU7209S

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: PLS GET FROM WORKSHOP  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU7209S  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number

Address

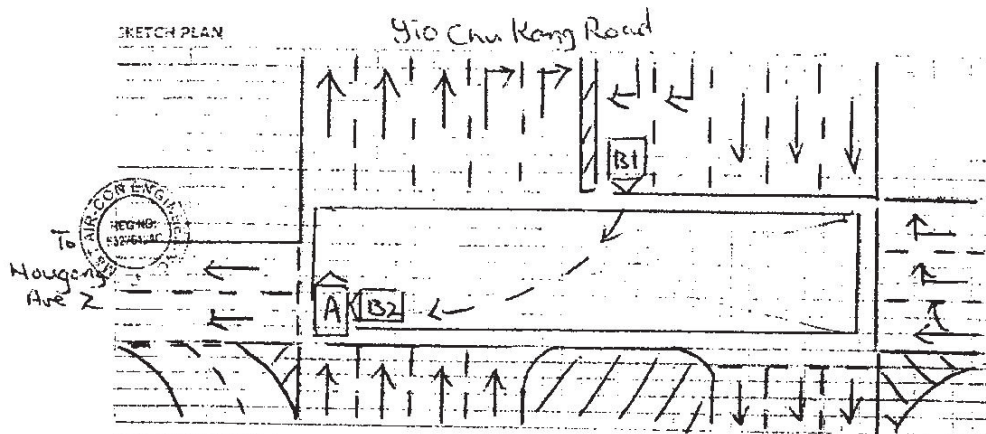
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/01/2018 at about 0758 hrs at Junction of Yio Chu Kang Road and Hougang Ave 2. I was travelling on the extreme left lane along Yio Chu Kang Road towards Upper Serangoon Road and when coming towards the above mentioned junction, a Vehicle (B) from the opposite direction made a Right Turn without giving way and without stopping for my on-coming vehicle and hence collided onto my whole Right Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) GBE 345 E  
(B) SLU 7209 S

## DECLARATION



Police Officer's Signature  
Date & Time:

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

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