

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 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	19/02/2018 15:36
Date Of Accident	14/02/2018 21:00
Exact Location Of Accident	ALONG SIMS WAY TOWARDS GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ9910S
Insured/Policyholder	
Name Of Registered Owner	KOH BROTHERS BUILDING & CIVIL ENGRG CON (P) LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97763553
Alternative Phone No	OFFICE-97763553

Vehicle Particulars

Manufacturer	NISSAN
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z/17/VC00/100186
Cover Note Number	

Driver

Name of Driver	WILLIAM WONG KENG WENG
NRIC No	S0116016H
Date Of Birth	08/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1970
Driving Experience	47 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97763553
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -
Postcode
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 -
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
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: : PASSENGER
GENDER: : MALE

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 attached report.

Attachment(s)

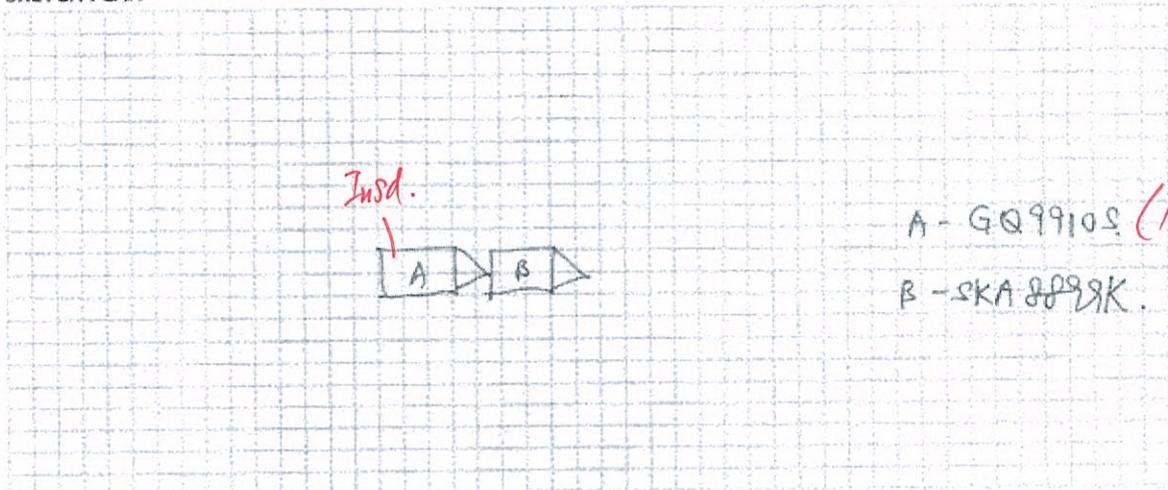
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

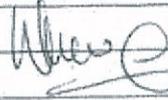
Vehicle Registration Number SKA8899K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KOH THIAM SOO
NRIC/Passport Number S0061335E
Contact Number 96385845
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN



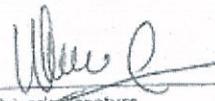
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sims Way towards Geylang Rd, vehicle B stopped abruptly as a result I could not stop in time & hit over vehicle B's rear portion. Fortunately no injury to both parties. 

DECLARATION

I/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:

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

GVAR 16 (Revised) Part 1 of 2013

Accident Photo



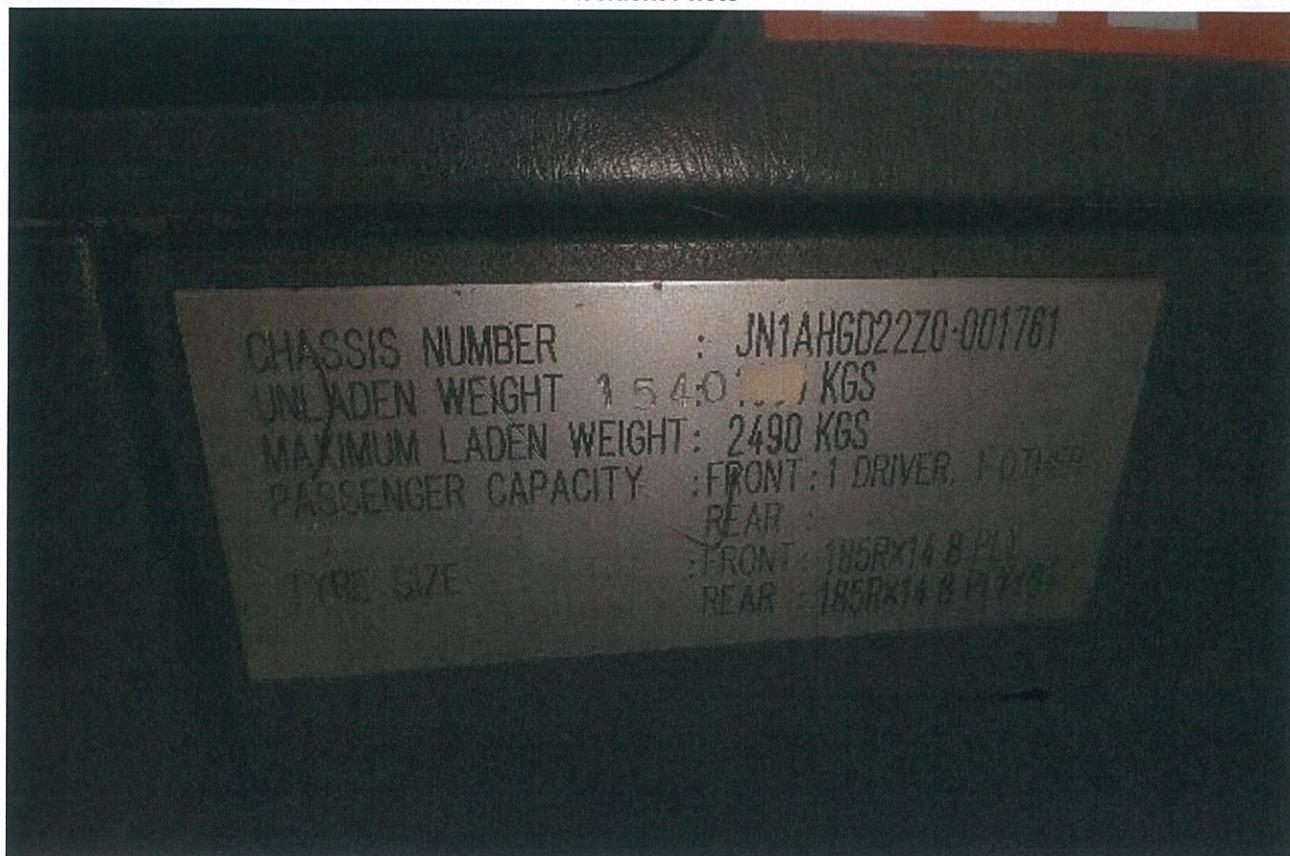
Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER : JN1AHGD22Z0-001761
UNLADEN WEIGHT 1540 KGS
MAXIMUM LADEN WEIGHT: 2490 KGS
PASSENGER CAPACITY : FRONT: 1 DRIVER, 1 OTHER
REAR
TYRE SIZE : FRONT: 185R14 8 PLI
REAR: 185R14 8 PLI

Accident Photo



Accident Photo

