

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	06/02/2018 15:46
Date Of Accident	03/02/2018 14:45
Exact Location Of Accident	YISHUN RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ27B
Insured/Policyholder	
Name Of Registered Owner	GUAN HUAT PROVISION SHOP
Co Reg No	52955203E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68940983

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	WDF44760323070258
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

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0009279
Cover Note Number	

Driver

Name of Driver	WONG HAN MIN
NRIC No	S1218943E
Date Of Birth	22/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	06/11/1974
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92306922
Fax Number	
Contact Number	
Email Address	NOEMAIL