

## 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	16/03/2018 10:52
Date Of Accident	15/03/2018 14:15
Exact Location Of Accident	2ND STOREY 22 NEW INDUSTRIAL RD/PRIMAX (CARPARK )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8830H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DARREN CHEONG WEI MUN
NRIC No	S7906283I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96859429
Alternative Phone No	OTHERS-96859429

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 5D 1.5R AWD 5MT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110158331700
Cover Note Number	

### Driver

Name of Driver	CHEONG YONG MENG
NRIC No	S0209364B
Date Of Birth	07/09/1952
Occupation	INDOOR
Date Of Driving Pass	10/01/1976
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96859429
Fax Number	
Contact Number	OTHERS-96859429
EEmail Address	NOEMAIL

Address	BLK 76 LORONG LIMAU #13-15
Postcode	320076
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : NIL 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

VEHICLE A IS AT THE ABOVE LOCATION AND B IS ALSO AT THE ABOVE LOCATION. THE ACCIDENT HAPPENED ON 15 MARCH 2018 AT ABOUT 2:15 PM AT THE ABOVE CARPARK . THE DAMAGE IS AT THE DRIVER SIDE CAR BUMPER.

#### 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 Witness 1

Name	MR HABIB AHSAN
Phone Number	93412799 ( WP # 062071354 )
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ2777J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO ZHI YIN
NRIC/Passport Number	S9208246F
Contact Number	

Address

Postcode

Insurance Company Name

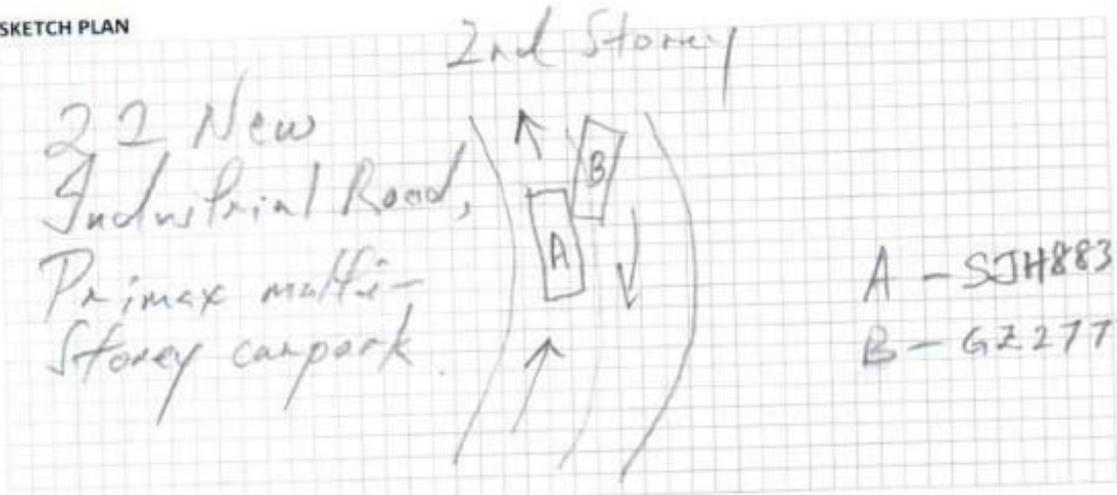
Nature Of Damage

No. Of Passenger (Including Driver)



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

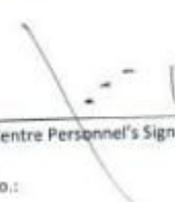
Vehicle A is at the above location. And B is also at the above location.  
The accident happened on 15 March 2018 at about 2.15 pm at the above car park.  
The damage is at the driver side car bumper.

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.:

16/3/2018

Accident Photo



Accident Photo



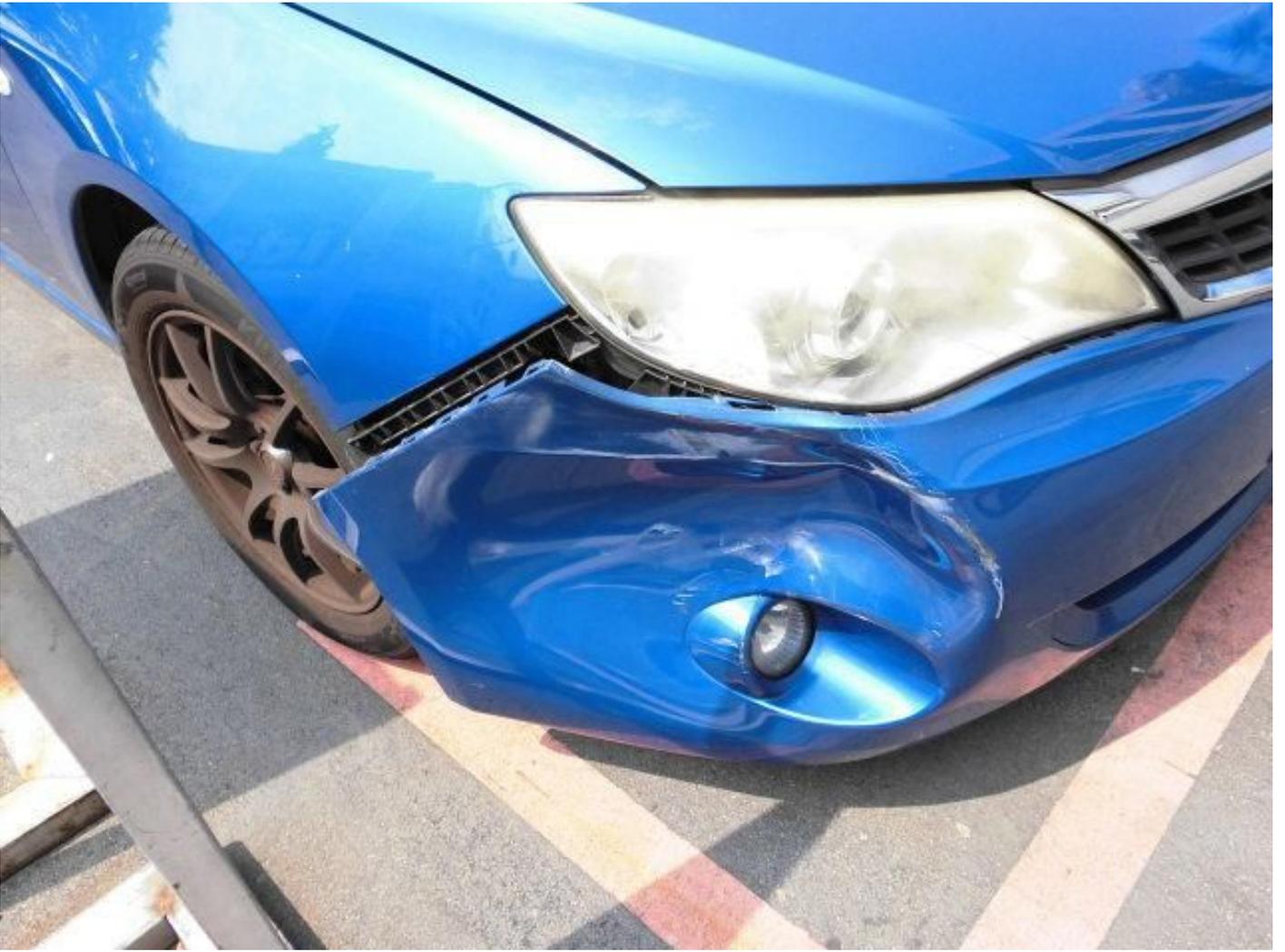
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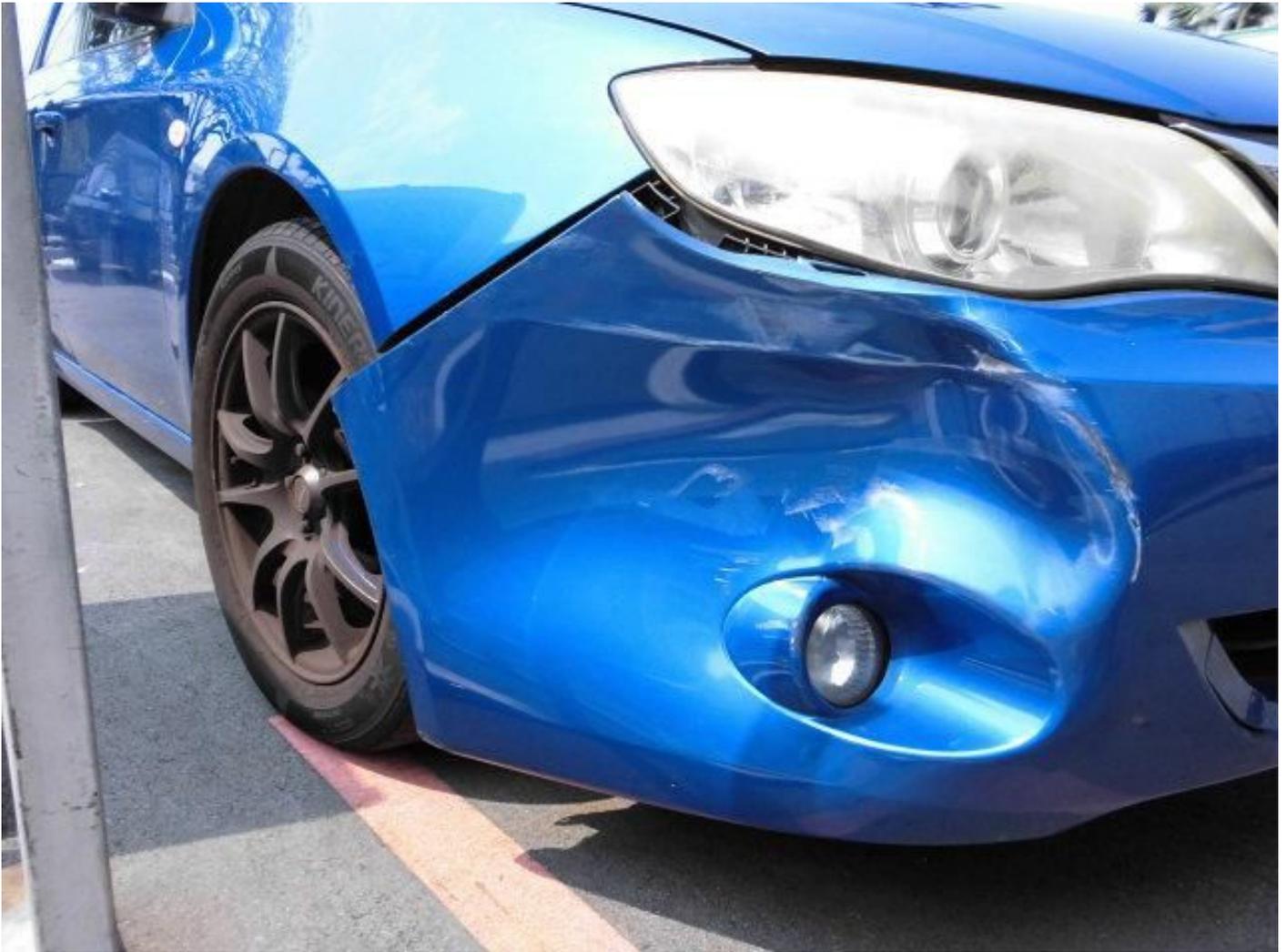
Accident Photo



Accident Photo



Accident Photo



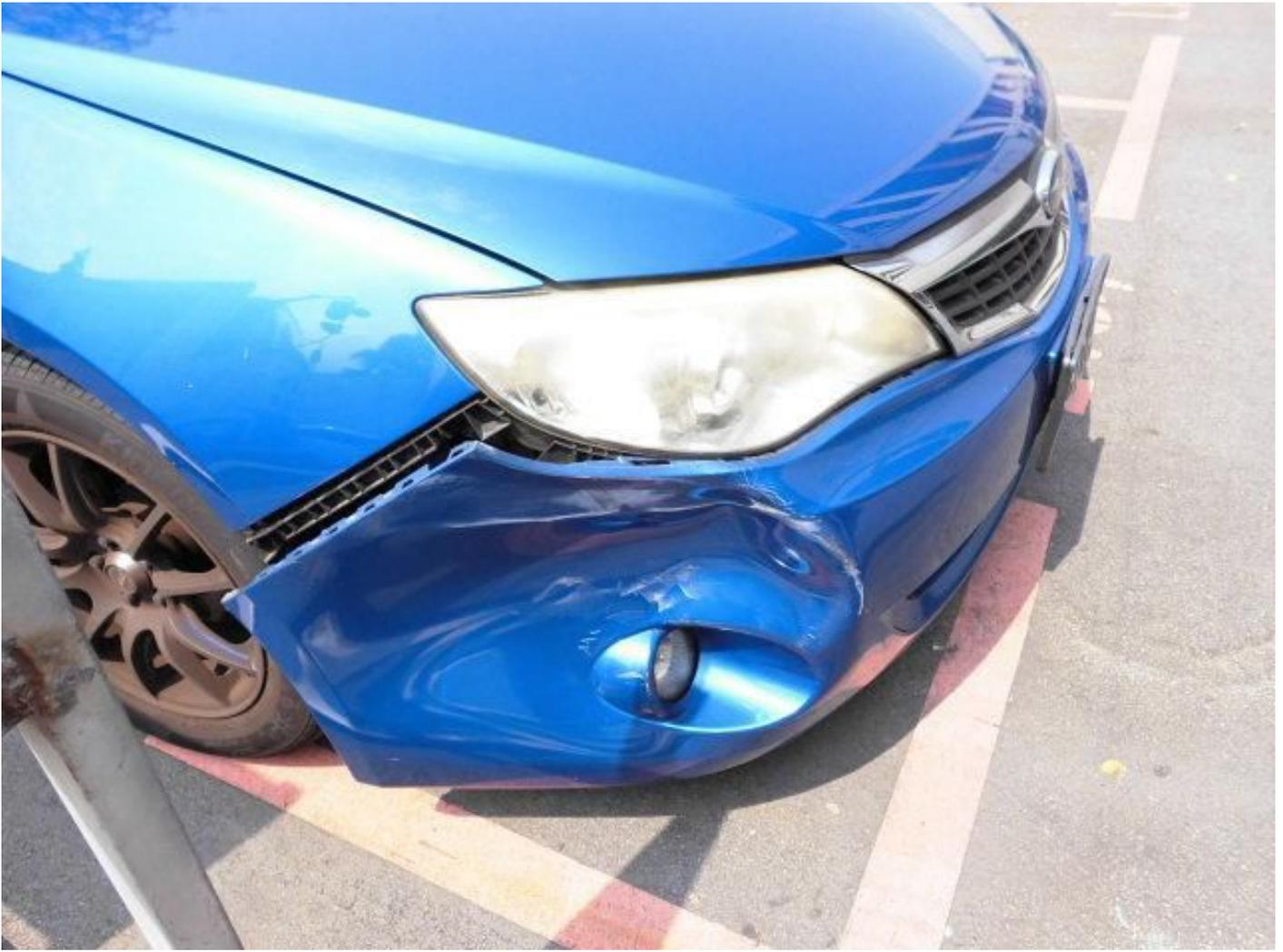
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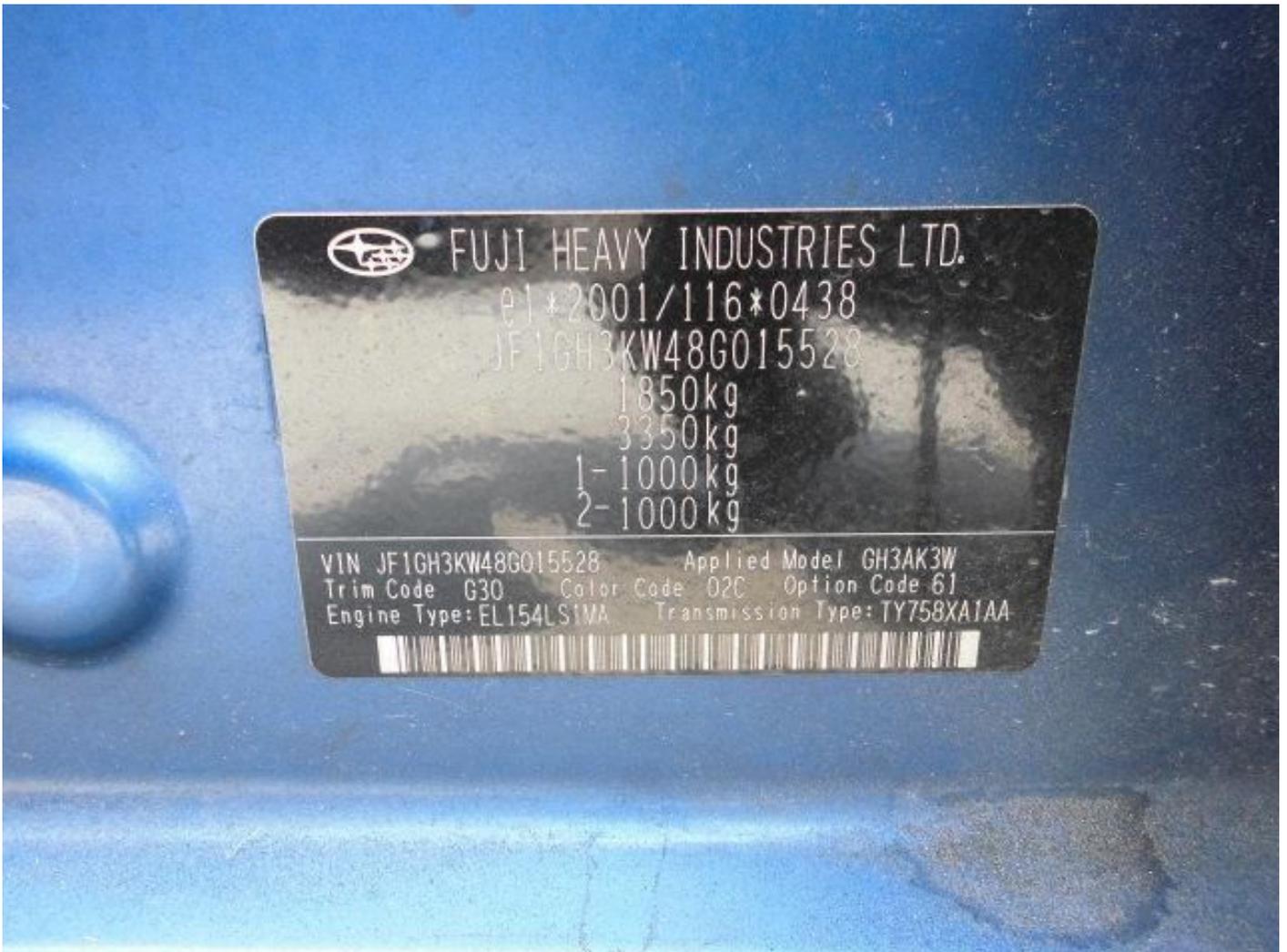
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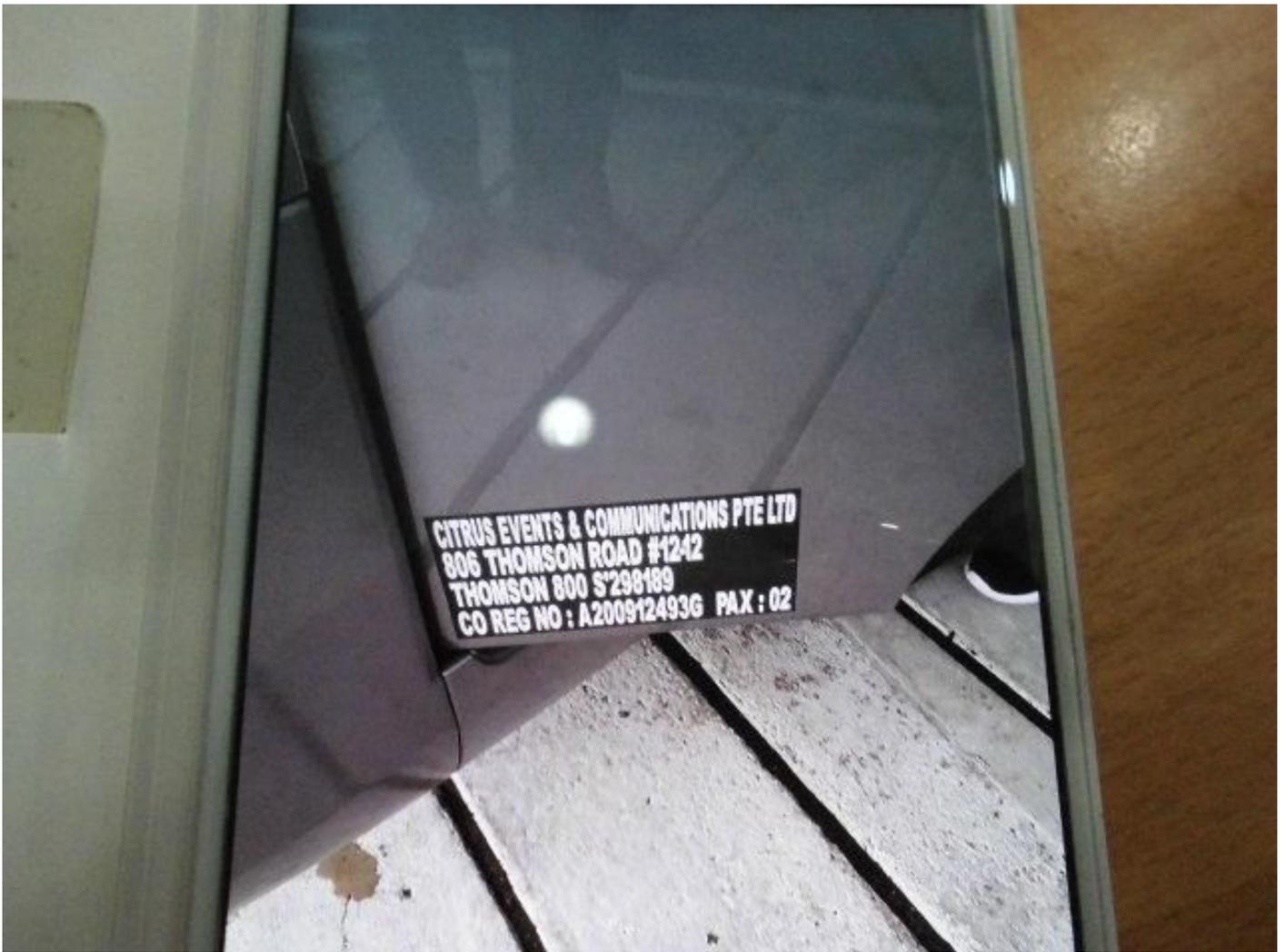
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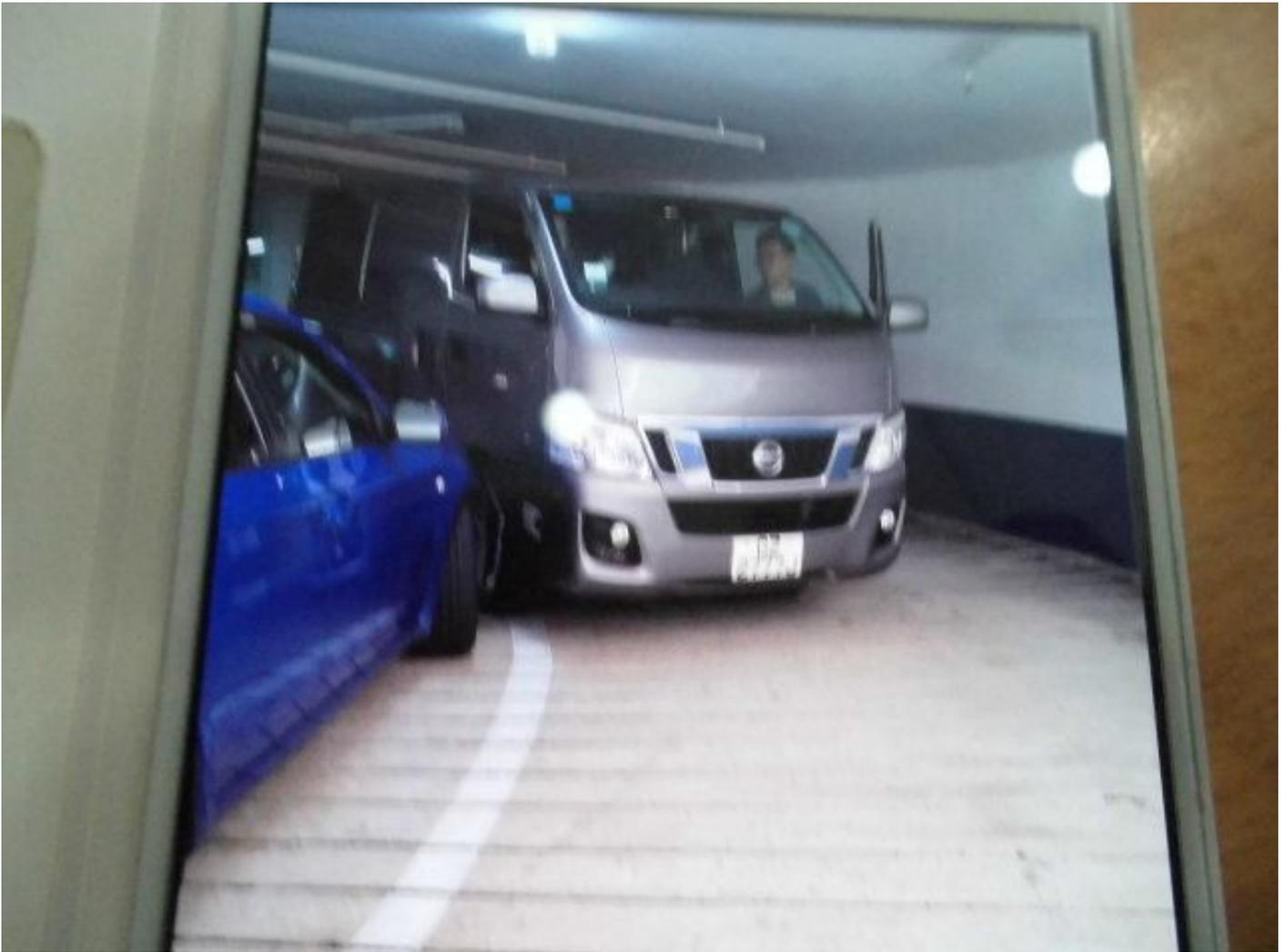
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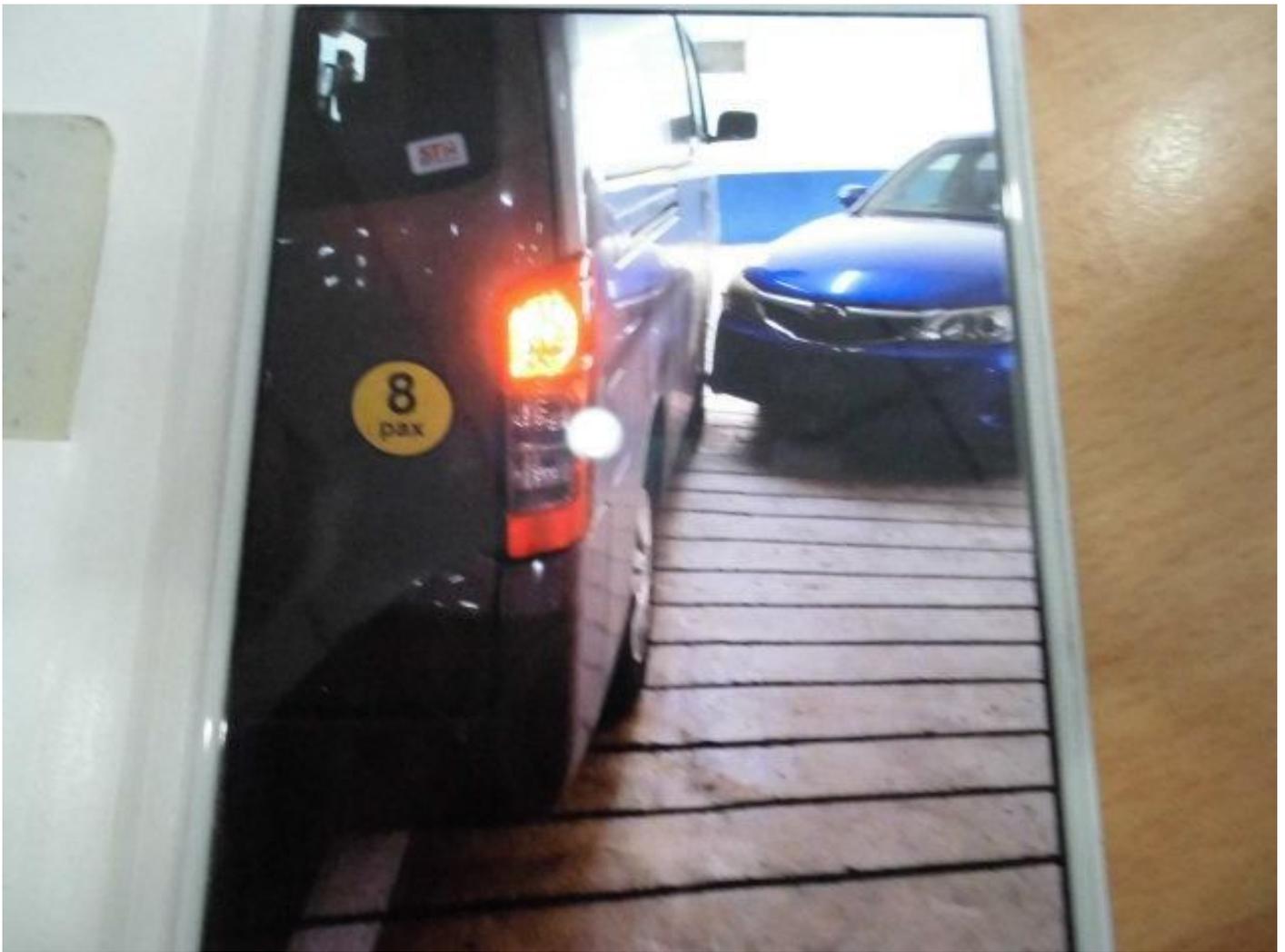
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