SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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

ACCIDENT STATEMENT

Date Of Report 15/03/2018 15:37

Date Of Accident 15/03/2018 08:40

Exact Location Of Accident LOYANG AVENUE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS7313H

Insured/Policyholder

Name Of Registered Owner EUGENE PHOEN YU JUN

NRIC No S9006627G

Email Address E.PHOEN@GMAIL.COM Mobile Phone No (LOCAL) +65-91013035

Alternative Phone No OFFICE-91013035

Vehicle Particulars

Manufacturer VOLVO

Model C30-2.0 (A)

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

28/02/2009

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company QBE INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 8-V0014375-MVA

Cover Note Number

Date Of Driving Pass

Driver

Name of Driver EUGENE PHOEN YU JUN

NRIC No S9006627G Date Of Birth 28/02/1990 Occupation **INDOOR**

Driving Experience 9 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91013035

Fax Number

Contact Number OFFICE-91013035

EMail Address E.PHOEN@GMAIL.COM

off. The

Address

15E JALAN BERJAYA

Postcode

578634

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

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

2

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

10000000

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)

1

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

WHILE I WAS DRIVING ALONG LOYANG AVE AT ABOUT 0840 HRS ON 15 MARCH 2018, THE VEHICLE INFRONT OF ME MADE AN EMEGENCY BRAKE.MY VEHICLE FRNT SJS7313H HIT ON TO THE REAR OF THE OTHER VEHICLE SKQ9589PAT APPROXIMATELY 20 KMH.

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

SKQ9589P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

EL51

· 推入

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

Please report <u>softestly</u> the details of the accident to spiled up the closus process

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15 mai 2018

Segnature | Date &

Oriver's Signature (4 driver is not the policyholder; / Date

Sketch Plan

Witnessed by Reporting Centre Personne

please reles to the attached

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