

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	27/03/2018 11:31
Date Of Accident	26/03/2018 20:50
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1735A
Insured/Policyholder	
Name Of Registered Owner	CHUA HUA LUN
NRIC No	S8418392Z
Email Address	WATZZDOWN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92961413
Alternative Phone No	OFFICE-92961413

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE CAR
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D17MTPV01012453
Cover Note Number	

Driver

Name of Driver	CHUA HUA LUN
NRIC No	S8418392Z
Date Of Birth	12/06/1984
Occupation	INDOOR
Date Of Driving Pass	13/05/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92961413
Fax Number	
Contact Number	OFFICE-92961413
Email Address	WATZZDOWN@GMAIL.COM

Address	8 SING JOO WALK #03-02
Postcode	217820
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	SIDE SWIPE
Weather Conditions	DRIZZLINGS
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?	YES
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.	YES
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

PLEASE REFER TO THE SKETCH PLAN AND ADDENDUM FORM, THANK YOU

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC4569S
Vehicle Make/Model/Colour	FORD / BLACK COLOUR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MANSOR BIN RAWI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA HUA LUN
Approximate Age	33
Injuries Sustain	
Injured person in which vehicle?	SJL1735A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	8 SING JOO WALK #03-02
Postcode	217820

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: S8418392Z

Name: CHUA HUA LUN (CAI HUALUN)

Birth Date: 12 Jun 1984

Issue Date: 15 Mar 2010

001838638A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8418392Z



Name

CHUA HUA LUN
(CAI HUALUN)

蔡 桦 伦

Race

CHINESE

Date of birth

12-06-1984

Sex

M

S8418392Z

Country/Place of birth
SINGAPORE

(YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE 13 May 2009

NP 428A

Licence No: S8418392Z



5483164

NRIC No: S8418392Z



Date of issue

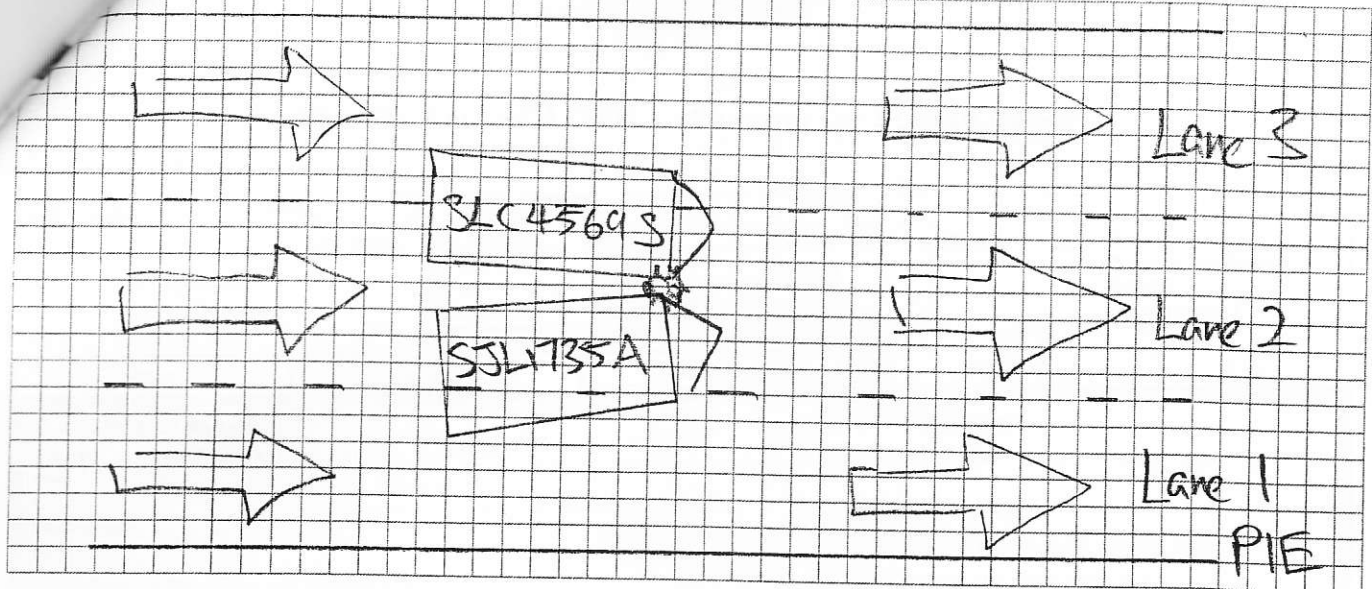
11-06-2015

8 SING JOO WALK #03-02
SINGAPORE 217820

NRIC No: S8418392Z

Date: 20/09/2017

9296 1413



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened around 850pm on 26th Mar 2018

I (SJJL1735A) signal left to change lane. While I was halfway on Lane 2, there was suddenly another vehicle (SLC4569S) switching to lane 2 from Lane 3. I quiddy react but eventually we still collided.

After reviewing my ~~video~~ car in-cam video, SLC4569S did not signal right when he switch lane. It was a dark and rainy night, his car is black in color # thus it is even more important to signal and alert others.

According to traffic rules, the failure to signal is an offence. I am not sure if he notice my vehicle or not cause he never react or slow down when our vehicle were so close at lane 2 before the collision.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

x *Ch*

Policyholder's Signature

Date & Time:

27/3/18 1030am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: