## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	isent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/04/2018 16:05
Date Of Accident	14/04/2018 17:10
Exact Location Of Accident	ANG MO KIO AVE 8 / AMK MO KIO AVE 5 JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP2789E
Insured/Policyholder	
Name Of Registered Owner	TAN BOON PENG
NRIC No	S7318925Z
Email Address	MRSFEBRUARY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82230665
Alternative Phone No	OFFICE-82230665
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT-1.4 TSI (B7) (A)
Exact Purpose for which vehicle was being used at time of accident	t "in the second of the second
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC17900391101
Cover Note Number	
Driver	
Name of Driver	TAN BOON PENG
NRIC No	S7318925Z
Date Of Birth	28/05/1973
Occupation	INDOOR
Date Of Driving Pass	18/10/2008
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE

(LOCAL) +65-82230665

MRSFEBRUARY@GMAIL.COM

OFFICE-82230665

Address

8 SELETAR RD #01-43

Postcode

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

11<del>5</del>

Insurance Company of Driver's Own Vehicle

-

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General Information of the Accident

Type Of Accident

**COLLISION - CROSS JUNCTION** 

Weather Conditions

RAINING

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SON

GENDER:

: MALE

Passenger 2

NAME:

: DAUGHTER

GENDER:

: FEMALE

Passenger 3

NAME:

: DOMESTIC HELPER

GENDER:

: FEMALE

**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 TO SKETCH PLANS

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

SCJ1061D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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DECLARATION						
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Policyholder's Signature Date & Time:	Driver's Sigr (If driver is r	nature not the policyholder)		Reporting Centre Po Name: & . /		-

NRIC/FIN No.:

Date & Time:

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