

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	18/04/2018 15:35
Date Of Accident	18/04/2018 07:10
Exact Location Of Accident	BOON LAY WAY LAKESIDE MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8891K
Insured/Policyholder	
Name Of Registered Owner	YEO KHUANG HIN BRADLEY
NRIC No	S7008260H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98730665
Alternative Phone No	OTHERS-98730665

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN 2.0 TSI AT 5N22N9
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-001440
Cover Note Number	N.A

Driver

Name of Driver	SHIRLEY WEN
NRIC No	S7484348D
Date Of Birth	20/08/1974
Occupation	INDOOR
Date Of Driving Pass	20/02/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98730665
Fax Number	
Contact Number	
Email Address	FLOPPYSOUND@GMAIL.COM

Address	D'LEEDON, 7 LEEDON HEIGHTS #10-18
Postcode	267953
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : CERES YEO ZI YI
	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

Traffic flows was heavy along BOON LAY WAY near LAKESIDE MRT and I was on the centre lane. Hence I checked my blind spot, cleared and I signal to inched to the right lane. As I was inched out, suddenly a vehicle appeared in speed and brushed onto my vehicle front right portion. After the contact, the driver didn't stop till I caught up with him and signalled him to stop to review the damage.

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	SHA2796Z
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI / BLU
Details Of Properties	NIL
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	2

ACCIDENT STATEMENT (2000 characters)

Traffic flows was heavy along BOON LAY WAY near LAKESIDE MRT and i was on the centre lane. Hence i checked my blind spot,cleared and i signal to inched to the right lane. As i was inched out,suddenly a vehicle appeared in speed and brushed onto my vehicle front right portion. After the contact, the driver didnt stop till i caught up with him and signalled him to stop to review the damage.

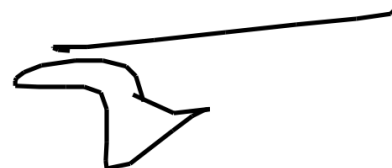
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

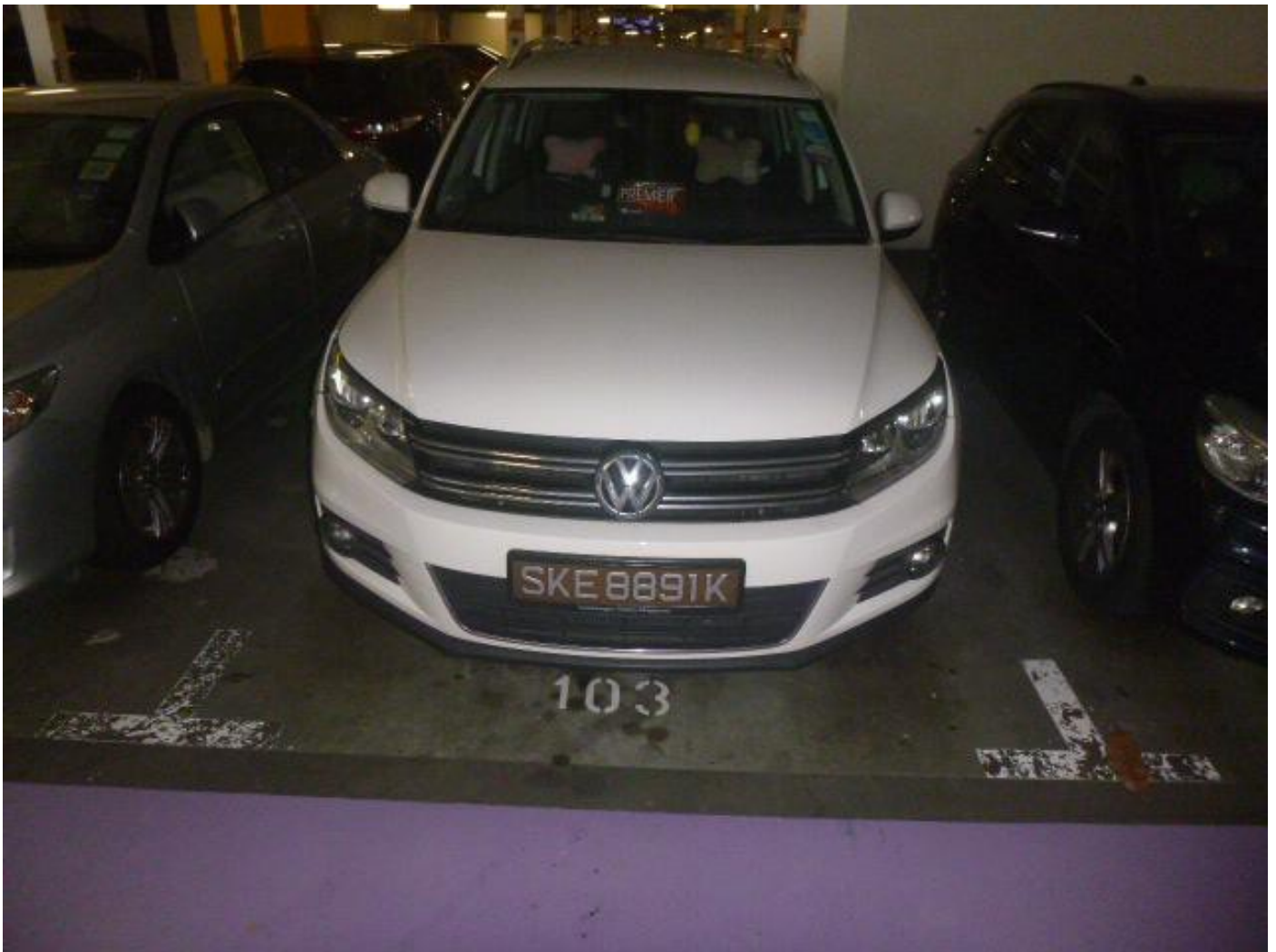
Job Complete Date/Time

18 April 2018 12:30 pm

Date/Time:

18 April 2018 12:30 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S7484348D**
Name: **SHIRLEY WEN**

Birth Date: **20 Aug 1974**
Issue Date: **27 Feb 2006**



001402920E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7484348D



Name: **SHIRLEY WEN**

聞 雪 麗

Race: **CHINESE**

Date of birth: **20-08-1974** Sex: **F**

Country of birth: **TAIWAN**



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

ISS DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals \leq 2500kg Feb 2006

NP 428A



Licence No: S7484348D



8596824



NRIC No. S7484348D

Nationality

DOMINICAN REPUBLIC

Date of issue

14-11-2003

7 LEEDON HEIGHTS #10-18
SINGAPORE 267953

NRIC No: S7484348D

Date: 21/11/2015