

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	21/04/2018 12:05
Date Of Accident	20/04/2018 16:50
Exact Location Of Accident	JUNCTION OF KENT RIDGE CRESCENT OUTSIDE NUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8964P
Insured/Policyholder	
Name Of Registered Owner	GAN SIONG JIN JULIAN
NRIC No	S7729903C
Email Address	JULIANGAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81234341
Alternative Phone No	OTHERS-81234341

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308 SW 1.2 STATION WAGON
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005301
Cover Note Number	N.A

Driver

Name of Driver	GAN SIONG JIN JULIAN
NRIC No	S7729903C
Date Of Birth	29/10/1977
Occupation	INDOOR
Date Of Driving Pass	22/07/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81234341
Fax Number	
Contact Number	OTHERS-81234341
Email Address	JULIANGAN@GMAIL.COM

Address	BLUE HORIZON, 27 WEST COAST CRESCENT #11-23
Postcode	128048
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	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?	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

My vehicle was already stopped, stationary due to red light. Few seconds, I felt an impact from behind and saw a taxi had hit onto my vehicle rear portion. The taxi also hit onto the lorry beside me.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL FORWARD TO INSURANCE TEAM AFTER INSURED SEND
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8140B
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 / YELLOW
Details Of Properties	NIL
Vehicle Category	TAXI
Name of Driver	NG HOCK SOON
NRIC/Passport Number	S1279766D
Contact Number	88188926
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

[illegible]

AIZAM BEN ATAN

For details, see *Illustration 1* (April 5, 1998) *Delivery Report 2* (February 19, 1998) *Illustration 2* (July 6, 1998)

APPENDIX 1: PRACTISING CRYSTAL BALL GAZING

Kent Ridge Crescent

A: SKW 8964 P
B: SHA 8140 B
C: No Details (Levy)

Levy Rd

ACCIDENT STATEMENT (2000 characters)

My vehicle was already stopped,stationary due to red light. Few seconds,i felt an impact from behind and saw a taxi had hit onto my vehicle rear portion. The taxi also hit onto the lorry beside me.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Claim 3rd party

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

21 April, 2018 10:00 am

Date/Time:

21 April, 2018 10:00 am