

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	15/05/2018 11:35
Date Of Accident	08/04/2018 17:00
Exact Location Of Accident	JUNC OF YISHUN AVE 1 & YISHUN AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9283A
Insured/Policyholder	
Name Of Registered Owner	MDM EE CHEW HWA
NRIC No	S1176488F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96454620
Alternative Phone No	OTHERS-96454620

Vehicle Particulars

Manufacturer	HONDA
Model	STEPWAGON SPADA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	28991417 SMF
Cover Note Number	

Driver

Name of Driver	GOH KOEK LEONG(WU GUOLIANG)
NRIC No	S8623753I
Date Of Birth	27/08/1986
Occupation	INDOOR
Date Of Driving Pass	26/09/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96454620
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 401 WOODLANDS ST 41 #09-24
Postcode	730401
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

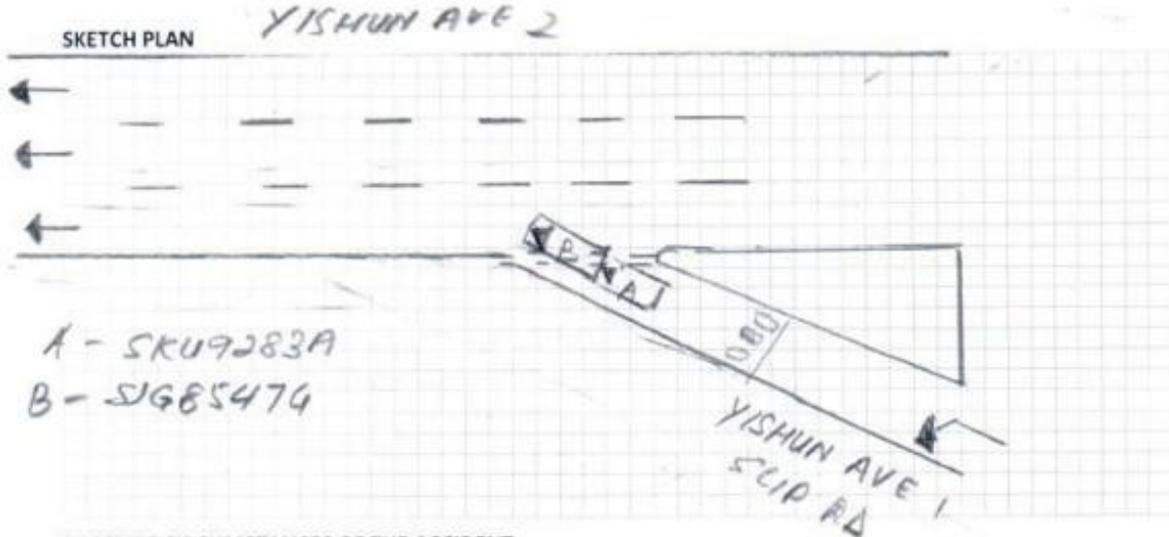
Attachment(s)

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	SJG8547G
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW KWEE CHIONG FELIX
NRIC/Passport Number	S1636677C
Contact Number	98185798
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: *9/5/18*

[Signature] *15/05/18*
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

I WAS TRAVELLING FROM YISHUN AVE 1 SLIP RD TWDS YISHUN AVE 2. INFRT OF MY VEH STOP TO GIVEWAY FOR ONCOMING VEH AND I FOLLOWED SUIT. WHEN THE INFRT VEH START TO MOVE OFF, I JUST LIFT UP BRAKE PEDAL WITHOUT STEPPING ON THE ACCELERATE PEDAL, SUDDENLY INFRT OF THE VEH STOP AND MY VEH JUST TOUCH THE REAR PORTION OF VEH B. THERE'S NO ANY DAMAGED TO THE VEH B.

Accident Photo



Accident Photo



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