

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 28/06/2018 16:05
Date Of Accident 27/06/2018 14:00
Exact Location Of Accident PIE TWDS CHANGI AT LORNIE RD EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD6635C
Insured/Policyholder
Name Of Registered Owner CHAI JOON CHIN
NRIC No S0218986J
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91728930
Alternative Phone No OFFICE-91728930

Vehicle Particulars

Manufacturer VOLKSWAGEN
Model SCIROCCO 1.4L AT TSI 1372Q5
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 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 DMPPHQ17-006461
Cover Note Number -

Driver

Name of Driver CHAI KAIQUAN
NRIC No S9016467H
Date Of Birth 09/05/1990
Occupation INDOOR
Date Of Driving Pass 25/06/2009
Driving Experience 9 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91728930
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 190 BISHAN ST 13 #03-431
Postcode 570190
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 - CHANGE/CROSS LANE
Weather Conditions DRIZZLING
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. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SHB2129U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver KADIR
NRIC/Passport Number S0050173E
Contact Number 92317652
Address
Postcode
Insurance Company Name
Nature Of Damage

PIB (Changi)

SKETCH PLAN

[Locate pol
Exit.]



Vehicle A: SFD 66356
Vehicle B: SHB 21294

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A was
travelling straight on the stated venue. As traffic
cut into my lane and
was heavy, suddenly, vehicle B hit onto my stationary
vehicle front left portion.

DECLARATION

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

X

Policyholder's Signature
Date & Time:

Kade

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: