

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	19/07/2018 23:54
Date Of Accident	18/07/2018 10:30
Exact Location Of Accident	TERMINAL 2 AIRPORT CP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS7526K
Insured/Policyholder	
Name Of Registered Owner	CHUA CHEE SAN
NRIC No	S6934745B
Email Address	BEN.CHUA9901@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81980886
Alternative Phone No	OFFICE-81980886

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
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	DMCTHQ17-000027
Cover Note Number	N.A.

Driver

Name of Driver	CHUA CHEE SAN
NRIC No	S6934745B
Date Of Birth	23/09/1969
Occupation	INDOOR
Date Of Driving Pass	18/06/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81980886
Fax Number	
Contact Number	OFFICE-81980886
Email Address	BEN.CHUA9901@GMAIL.COM

Address	BLK 189A RIVERVALE DRIVE #15-1020
Postcode	541189
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	COLLISION - MAJOR/MINOR RD
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?	
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

I was inching my vehicle forward as there is a wall on the left. As I was moving forward suddenly oncoming vehicle B collided with my bumper. My bumper had a minor damages and no injury involved.

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	SHC3917A
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7L
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEFFREY LIM
NRIC/Passport Number	S0026123H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

ACCIDENT STATEMENT (2000 characters)

I was inching my veh forward as there is a wall on the left. As I was moving forward suddenly oncoming veh b collided with my bumper. My bumper had a minor damages and no injury involved.

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 -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 July 2018 at 12:52 PM

Date/Time:

19 July 2018 at 12:52 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



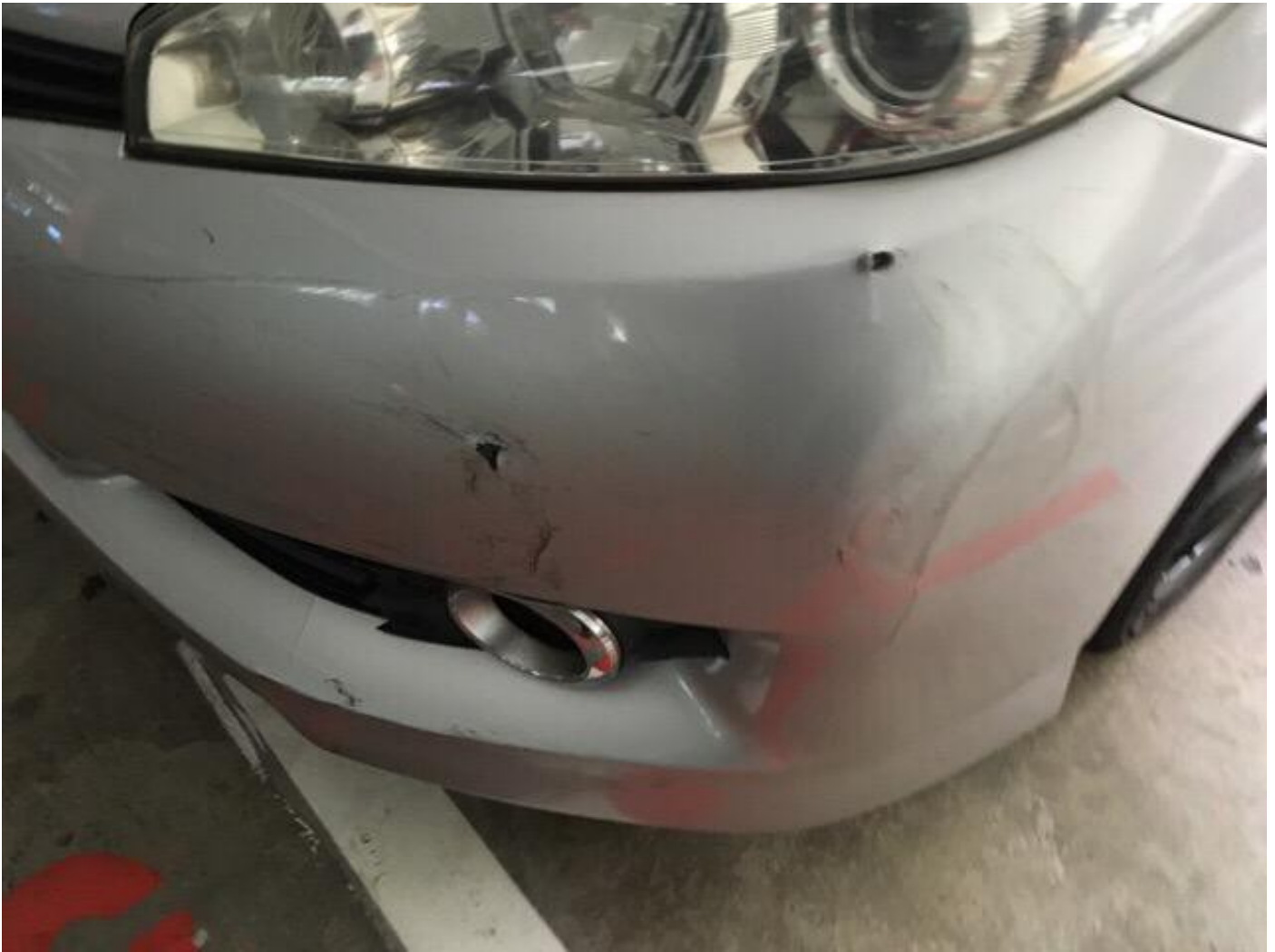
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Driving License



Driving License

