

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	28/07/2018 14:08
Date Of Accident	28/07/2018 11:55
Exact Location Of Accident	SERANGOON RD (NEAR TO BOON KENG RD MRT TAXI STAND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4559B
Insured/Policyholder	
Name Of Registered Owner	CHUA OON CHENG CAROL @ CAROL YAP
NRIC No	S1535514Z
Email Address	CHUA_OON_CHENG_CAROL@MOE.EDU.SG
Mobile Phone No	(LOCAL) +65-96391979
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 VTEC (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	CHUA OON CHENG CAROL @ CAROL YAP
NRIC No	S1535514Z
Date Of Birth	10/06/1962
Occupation	INDOOR
Date Of Driving Pass	12/03/1986
Driving Experience	32 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96391979
Fax Number	
Contact Number	OTHERS-NOPHONE
E Mail Address	CHUA_OON_CHENG_CAROL@MOE.EDU.SG

Address	76 SIANG KUANG AVE
Postcode	347985
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 - 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	2
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

PLEASE REFER TO ATTACHMENT 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	SHC7841H
Vehicle Make/Model/Colour	/ TAXI / YELLOW
Details Of Properties	FRONT
Vehicle Category	TAXI
Name of Driver	TAN YOU MONG
NRIC/Passport Number	S2589818D
Contact Number	94847860
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No SLB 4559B

Annex E

Describe Circumstances of the Accident

I was travelling along Serangoon Road (towards upper Serangoon Road)
 Suddenly there was a loud bang & I was thrown forward.

I stopped the car & came out of the car.

We pulled the car to the side (outside Delegré Boys' Bar Store) to
 exchange details & to take photograph of damage

Declaration

We declare the foregoing particulars are true in every respect.

Chua Bancy
 28/7/18

Policyholder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel