

## 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 21:02
Date Of Accident	28/07/2018 18:15
Exact Location Of Accident	IN FRONT OF THE RAIL MALL (S)678077
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7810H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PHANG LEE CHIN
NRIC No	S8275155F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92773163
Alternative Phone No	OTHERS-92773163

### Vehicle Particulars

Manufacturer	BMW
Model	320 2.0 I 1995CC
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10441128
Cover Note Number	N.A

### Driver

Name of Driver	NG JIAN KAI
NRIC No	S8207878I
Date Of Birth	08/03/1982
Occupation	INDOOR
Date Of Driving Pass	06/03/2002
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92773163
Fax Number	
Contact Number	
Email Address	EMAIL.JIANKAI@GMAIL.COM

Address	HDB PANGSHAN VALLEY, 528 JELAPANG ROAD #11-91
Postcode	670528
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	3
Passenger 1	NAME: : PHANG LEE CHIN GENDER: : FEMALE
Passenger 2	NAME: : KYLIE NG GENDER: : FEMALE

#### 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 car was parked at the located parking slot, on the right side of the road, in front of The Rail Mall. I saw oncoming car SKL1227M had stopped, so I opened my left rear door and as I was bringing out my child off the child seat, car SKL1227M tried to squeeze past my car but collided onto my car left rear door. Damages to my car were on the left rear and front left door. No injuries were involved. SKL1227M had an in-car camera.

#### 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 Witness 1

Name	TAY
Phone Number	97615280
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL1227M
Vehicle Make/Model/Colour	CITROEN GRAND C4 PICASSO 1.6I EGS
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR

Name of Driver	DENNIS LYE NGIAC SEONG
NRIC/Passport Number	S7039673D
Contact Number	97412984
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1