#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/08/2018 15:24
Date Of Accident	12/08/2018 11:45
Exact Location Of Accident	TERMINAL 4 CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	EW926Z
Insured/Policyholder	
Name Of Registered Owner	YAP KIM FUI
NRIC No	S2533174E
Email Address	EW0926Z@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97970926
Alternative Phone No	OFFICE-97970926
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELAN COUPE M
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPPHQ18-000370
Cover Note Number	
Driver	
Name of Driver	YAP KIM FUI

Name of Driver YAP KIM FUNIC No S2533174E

Date Of Birth 27/10/1960

Occupation INDOOR

Date Of Driving Pass 06/10/1989

Driving Experience 28 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97970926

Fax Number

Contact Number OFFICE-97970926

EMail Address EW0926Z@YAHOO.COM.SG

Address NA

Postcode

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

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YES

NO

1

**General Information of the Accident** 

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

ambulance?

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

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

I (EW926Z) was turning right in the driveway car park of terminal 4 when the front left side of my car make contact with the right door of a car (SJY6351Y) who was going straight at that point of time. No injuries 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 SJY6351Y

Vehicle Make/Model/Colour TOYOTA/HARRIER/WHITE

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver BADRULHISHAM BIN SIDEK

NRIC/Passport Number S1716482A

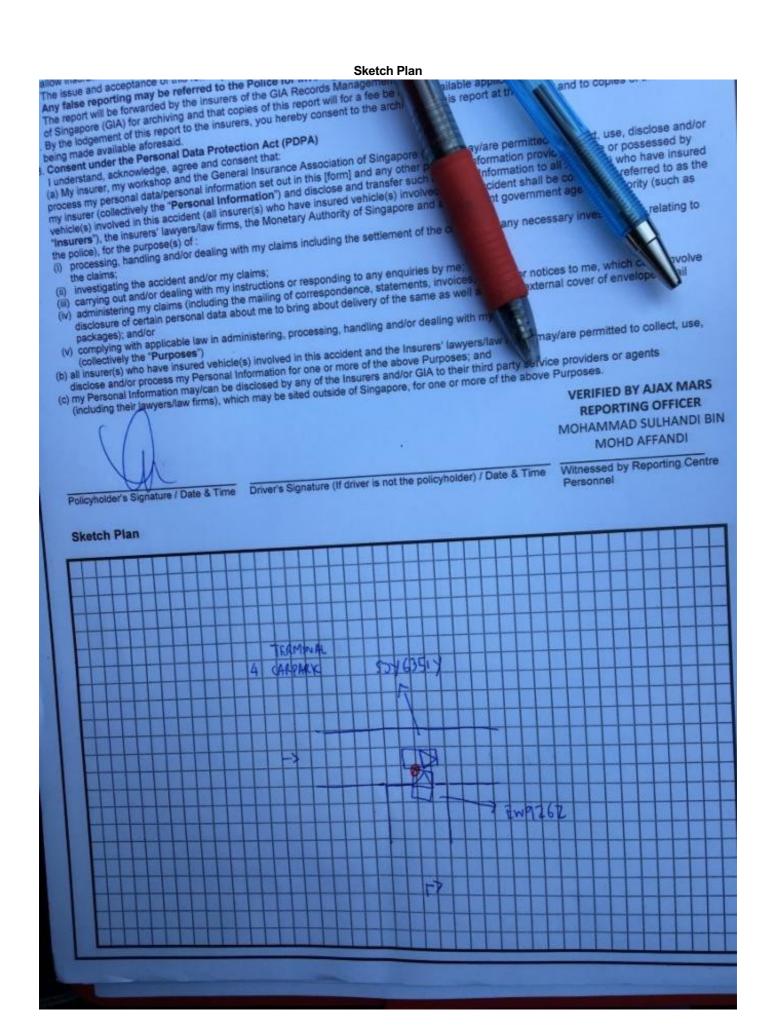
Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1



# Sketch Plan #2 Pg. 1

# **ACCIDENT STATEMENT (2000 characters)**

I (EW926Z) was turning right in the driveway carpark of terminal 4 when the front left side of my car make contact with the right door of a car (SJY6351Y) who was going straight at that point of time. No injuries 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 - MOHAMMAD SULHANDI BIN MOH AFFANDI	Q	
MARS Officer	Registered Owner or Driver's Signature	
Job Complete Date/Time	Date/Time:	
13 August 2018 at 2:38 PM	13 August 2018 at 2:38 PM	





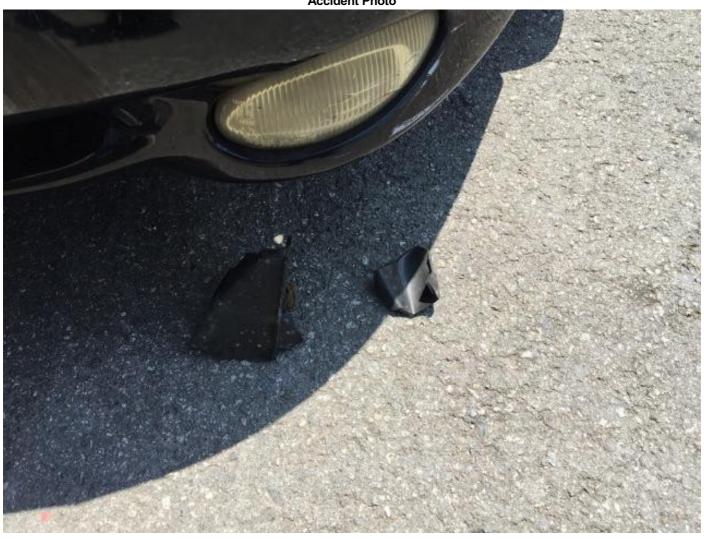














#### **Identification Card**



#### **Identification Card**

