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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	27/08/2018 19:44
Date Of Accident	27/08/2018 10:00
Exact Location Of Accident	CP OF BUKIT BATOK CENTRAL BLK 636
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE5929M
Insured/Policyholder	
Name Of Registered Owner	GALLOP HUMAN RESOURCE
Co Reg No	53167049W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93632266
Alternative Phone No	OFFICE-93632266
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CITAN 109
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	DMCPHQ18-000445
Cover Note Number	
Driver	
Name of Driver	LEE YING LIN. ROSELIN

Name of Driver LEE YING LIN, ROSELIN

NRIC No S8713105Z

Date Of Birth 10/04/1987

Occupation INDOOR

Date Of Driving Pass 12/10/2006

Driving Experience 11 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93632266

Fax Number

Contact Number

EMail Address ROSELINLYL@GMAIL.COM

Address NA

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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 YES

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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Number of Passengers (Including Driver)

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 VEHICLE WAS PARKED AT THE SAID LOCATION. VEHICLE B HAD INTENDED TO PARK IN THE LOT ON MY LEFT. VEHICLE B THEN REVERSED AND HER REAR RIGHT PORTION HAD COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE, NO INJURIES WERE INVOLVED.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

Remarks/ Reasons: WILL UPLOAD TO MERIMEN ONCE INSURED SEND

1

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBW3131R Vehicle Make/Model/Colour MAZDA/3

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver MRS QUEK

NRIC/Passport Number

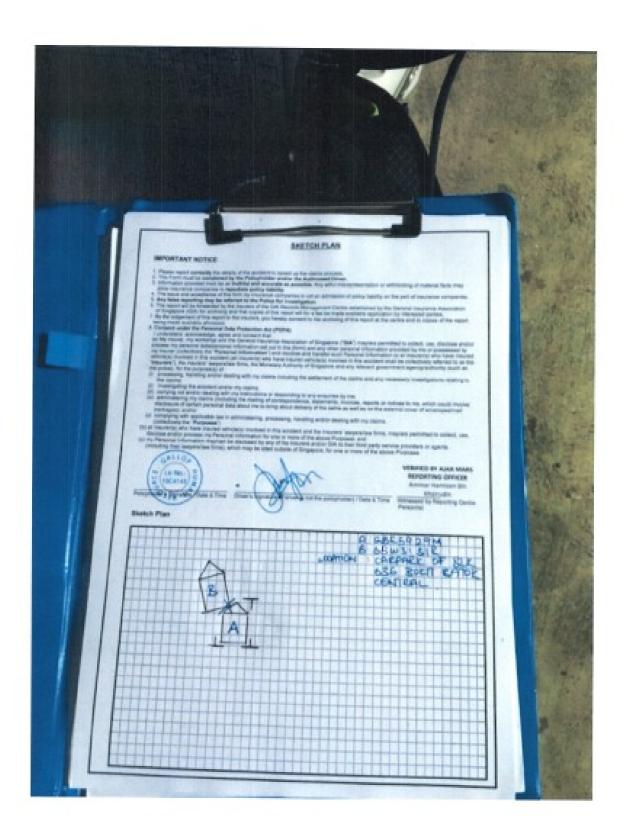
Contact Number 97646330

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

TO PARK IN THE LOT ON MY LEFT. VI	AID LOCATION. VEHICLE B HAD INTENDED EHICLE B THEN REVERSED AND HER REAR TO THE FRONT LEFT PORTION OF MY VED.
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provide	led above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - AMMAR HAMIZAN	And above are title in every aspect
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:





















