

(Draft)

84 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming
 DATE & TIME: 30/08/2018 16:58
 PRINTED BY: [To Be Confirmed]

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 30/08/2018 16:58
 Date Of Accident 30/08/2018 06:50
 Exact Location Of Accident JUNCTION OF ENG NEO AVENUE TOWARDS BUKIT TIMAH
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ6333H
Insured/Policyholder
 Name Of Registered Owner TAI KWANG KIT (DAI GUANGJI)
 NRIC No S7526715J
 Email Address WEEAHI@GMAIL.COM
 Mobile Phone No (LOCAL) +65-93623250
 Alternative Phone No Others-97667190

Vehicle Particulars

Manufacturer TOYOTA
 Model ESTIMA 2.4 AERAS
 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 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number DMPCSN3004501801
 Cover Note Number

Driver

Name of Driver IVY WEE AN-HWAY
 NRIC No S7611097B
 Date Of Birth 12/04/1976
 Occupation INDOOR
 Date Of Driving Pass 18/11/1995
 Driving Experience 22 YEARS AND 9 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-97667190
 Fax Number
 Contact Number
 Email Address WEEAHI@GMAIL.COM
 40 VERDE GROVE
 VILLA VERDE

8/30/2018

E-FILE

Postcode 688572
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured PARENT
 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 ON COLLISION
 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? YES
 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) 2
 Passenger 1 Name: : ARIEL TAI SOK EN
 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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: VIDEO WITH WORKSHOP
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF2835X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SOHANPAL INDER AMOL SINGH
 NRIC/Passport Number G3269255P
 Contact Number 90623235
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name IVY WEE AH-HWAY
 Approximate Age 42
 Injuries Sustain RIGHT HAND WRIST
 Injured person in which vehicle? SKZ6333H

E-FILE

Is worn?

YES

Is injured conveyed to hospital by ambulance?

NO

40 VERDE GROVE
VILLE VERDE

688572

Address

Postcode

Date: 30/8/18

Time: 6:48AM

ENG NEO AVE

TOWARD BUKIT TIMAH

(A) SKZ 6333H

(B) SLF 2835X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30 August 2018 at about 6.48am, I exited to Eng Neo Avenue and I was driving straight in the right lane, heading towards Sixth Ave.

Nearing the yellow box junction at Eng Neo Ave (leading to Hse Nos 70-118, 100A, 102A), a red car appeared on my left and collided into my car on the left, causing my car to go to the opposite side of the road.

I was ^{given} 2 days of medical leave from the doctor.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo

NRIC/FIN No.: S6840583A