(Draft)

/ Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming F & TIME: 30/08/2018 16:58 TED 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 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.

30/08/2018 16:58 Date Of Report 30/08/2018 06:50 Date Of Accident

JUNCTION OF ENGINEO AVENUE TOWARDS BUKIT TIMAH **Exact Location Of Accident** 

SINGAPORE Country/State of Loss

SKZ6333H Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner TAI KWANG KIT (DAI GUANGJI)

S7526715J NRIC No

WEEAHI@GMAIL.COM **Email Address** Mobile Phone No (LOCAL) +65-93623250 Others-97667190

Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

ESTIMA 2.4 AERAS Model

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?

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

IVY WEE AN-HWAY Name of Driver

S7611097B NRIC No Date Of Birth 12/04/1976 **INDOOR** Occupation 18/11/1995 Date Of Driving Pass

**Driving Experience** 22 YEARS AND 9 MONTHS

**FEMALE** Gender

(LOCAL) +65-97667190 Mobile Number

Fax Number

Contact Number

WEEAHI@GMAIL.COM **EMail Address** 

> 40 VERDE GROVE VILLA VERDE

2/3

E-FILE 8/30/2018

688572 Postcode NO

Was driver an employee of the Insured's Company 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

COLLISION - HEAD ON COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

YES Was any body injured in the Accident? 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.

Number of Passengers (Including Driver) 2

: ARIEL TAI SOK EN Name: Passenger 1 : Female

NO

Gender:

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

VIDEO WITH WORKSHOP Remarks/ Reasons:

NO Was there any audio recorded?

SLF2835X Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

SOHANPAL INDER AMOL SINGH Name of Driver

G3269255P NRIC/Passport Number 90623235 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON

42

IVY WEE AH-HWAY Name

Approximate Age

RIGHT HAND WRIST Injuries Sustain

SKZ6333H Injured person in which vehicle?

E-FILE

as worn?

injured conveyed to hospital by ambulance?

adress

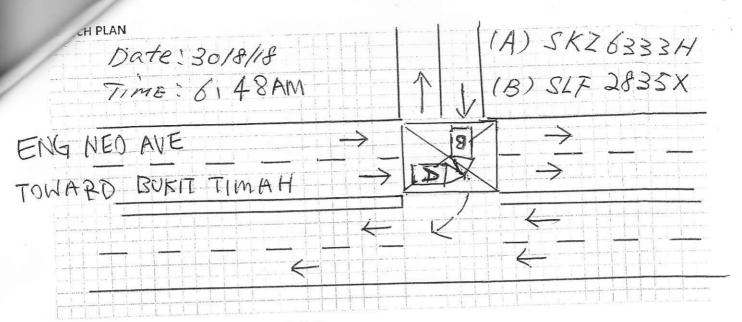
Postcode

YES

NO

40 VERDE GROVE VILLE VERDE

688572



ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	- 11 1
On 30 August 2018 at about 6.	48 am, I exited
to Eng Nep Avenue and I was d	riving straight in
the right lone, heading towards	Sixth Ave.
Negring the yellow box junction	at Eng Neo Ave
Cleading to HSC Nos 70-118, 100A,	102A), a red car
appeared on my left and coll	ided into my car
appeared on my lett and con	to an to the opposite
on the left, causing my car	10 90 10 1112 11 11
Side of the road.	
given	0 1 1 1 1
I was 2 days of medical leave	from the doctor.
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## 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

Poh Kwee Choo NRIC/FIN No.: \$6840583A