

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	26/09/2018 15:36
Date Of Accident	26/09/2018 13:00
Exact Location Of Accident	ALONG BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5380T
Insured/Policyholder	
Name Of Registered Owner	MR LOH SOON KAI
NRIC No	S7913414G
Email Address	SKLOH02@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90462579
Alternative Phone No	OTHERS-90462579

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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?	YES
If No, Please state action to be taken	
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	DMPCSN1344261704
Cover Note Number	

Driver

Name of Driver	MR LOH SOON KAI
NRIC No	S7913414G
Date Of Birth	03/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90462579
Fax Number	
Contact Number	OTHERS-90462579
E Mail Address	SKLOH02@YAHOO.COM

Address	37 PUNGGOL FIELD #12-34
Postcode	828809
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	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : WEI XIONG GENDER: : MALE

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

I WAS TRAVELLING STRAIGHT ALONG BUANGKOK GREEN ON THE 3RD LANE OF A5-LANES RD. THE TRAFFIC LIGHT AHEAD WAS GREEN BUT THE VEH B DIDN'T MOVE OFF. WHEN I ACCELERATE MY VEH HIT ONTO THE REAR PORTION OF VEH B.

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

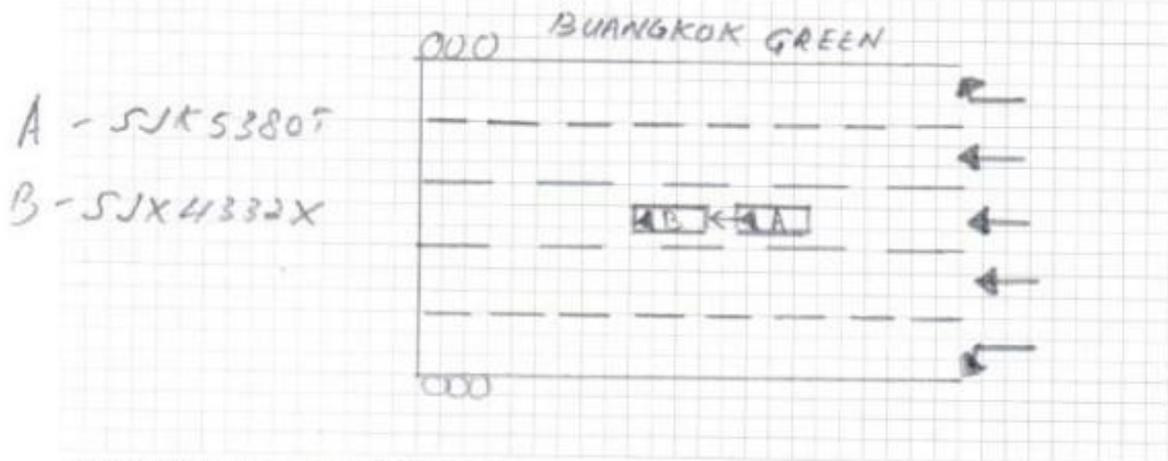
Vehicle Registration Number	SJX4332X
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ARKAR MAW WAI
NRIC/Passport Number	S8080051G
Contact Number	97497788
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 26/09/18

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 26/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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