#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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 liability.
- 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  09/11/2018 03:21  08/11/2018 07:50  AYE TOWARDS JURONG SINGAPORE  DETAILS OF OWN VEHICLE  SFA6588E
08/11/2018 07:50 AYE TOWARDS JURONG SINGAPORE  DETAILS OF OWN VEHICLE
AYE TOWARDS JURONG SINGAPORE DETAILS OF OWN VEHICLE
SINGAPORE  DETAILS OF OWN VEHICLE
DETAILS OF OWN VEHICLE
SFA6588E
PANG KAM YOON @ CHIN KAM YOON
S2163238D
TOKAILAN9@GMAIL.COM
(LOCAL) +65-97719783
OFFICE-97719783
NISSAN
TEANA 2.5L CVT
at PRIVATE
<sup>CY</sup> NO
REPORTING ONLY
PRIVATE CAR
EQ INSURANCE COMPANY LTD
COMPREHENSIVE
NO
DMPPHQ18-001164
N.A.
TOK AI LAN
S1187256E
28/05/1956
INDOOR
24/08/2000
18 YEARS AND 2 MONTHS
FEMALE
(LOCAL) +65-97719783

OFFICE-97719783

TOKAILAN9@GMAIL.COM

**BLK 305 BUKIT BATOK STREET 31** Address

#03-05

Postcode 650305 NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### **General Information of the Accident**

**COLLISION - HEAD TO REAR** Type Of Accident

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?

YES Was any other material or property damaged?

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

NO 1

Number of Passengers (Including Driver)

#### **Details of Police Action**

NO 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 was driving along AYE/JURONG ,was on the extreme right lane going straight. Front vehicle suddenly stopped,I applied braked but ended slightly touched onto front vehicle rear portion. There was no visible damage for the front vehicle rear portion.

#### Attachment(s)

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

PENDING VIDEO FROM INSURED Remarks/ Reasons:

3

Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA2583X

Vehicle Make/Model/Colour HYUNDA/I40 1.7L CRDI A

**Details Of Properties** 

Vehicle Category TAXI

YEOW MENG HUAT Name of Driver

NRIC/Passport Number S6911078I Contact Number 93669132

Address Postcode

Insurance Company Name

Nature Of Damage

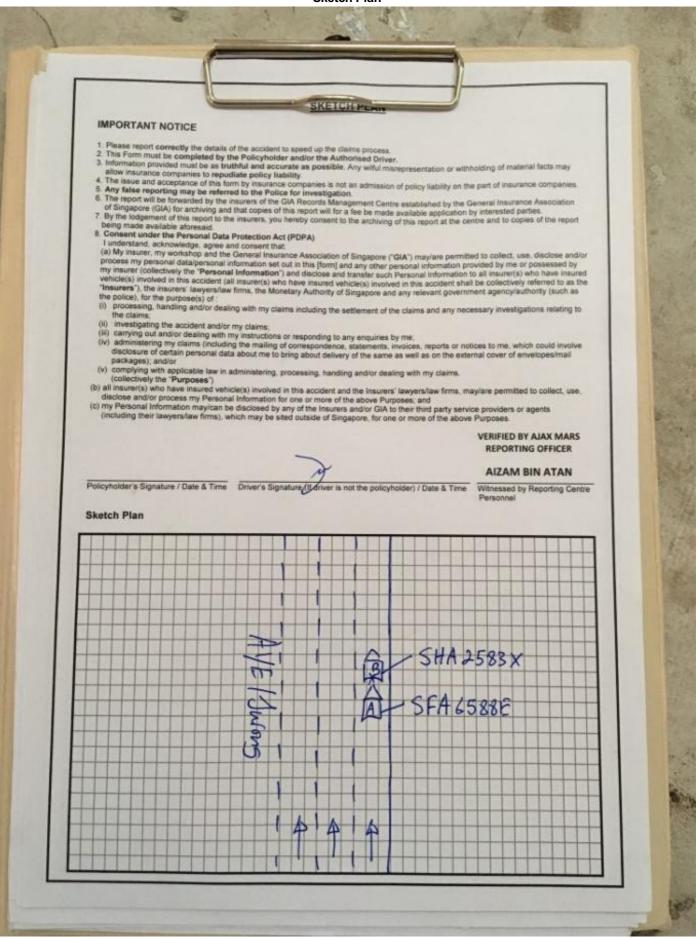
No. Of Passenger (Including Driver)

Passenger 1 NAME: : PASSENGER 1

GENDER: :

Passenger 2 NAME: : PASSENGER 2

GENDER: :



#### **Common Statement**

I was driving along AVE/II IRONG wa	as on the extreme right lane going straight. Front
vehicle suddenly stopped,I applied br	aked but ended slightly touched onto front vehicle mage for the front vehicle rear portion.
Taxi Voucher No.:	
DECLARATION  We declare that the above particulars & information pr	rovided above are true in every aspect
VEDICIED DV A IAV MADO DEDODTINO OFFICED	
VERIFIED BY AJAX MARS REPORTING OFFICER - AIZAM BIN ATAN	

Date/Time:

8 November 2018 at 7:00 PM

MARS Officer

Job Complete Date/Time

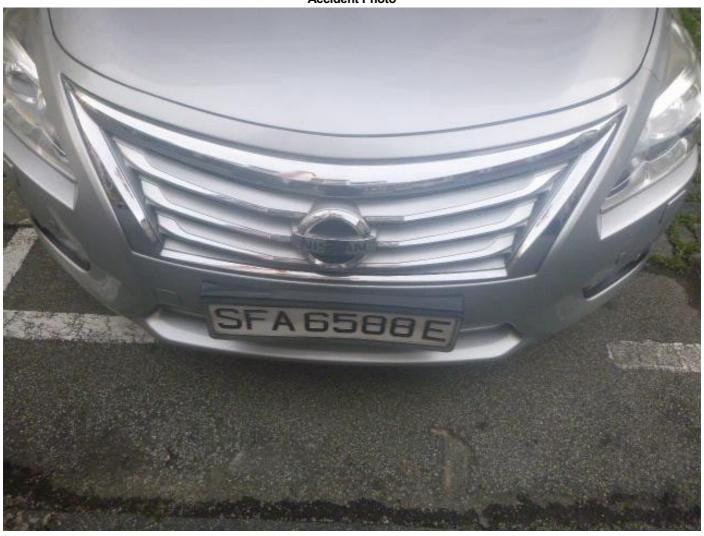
8 November 2018 at 7:00 PM

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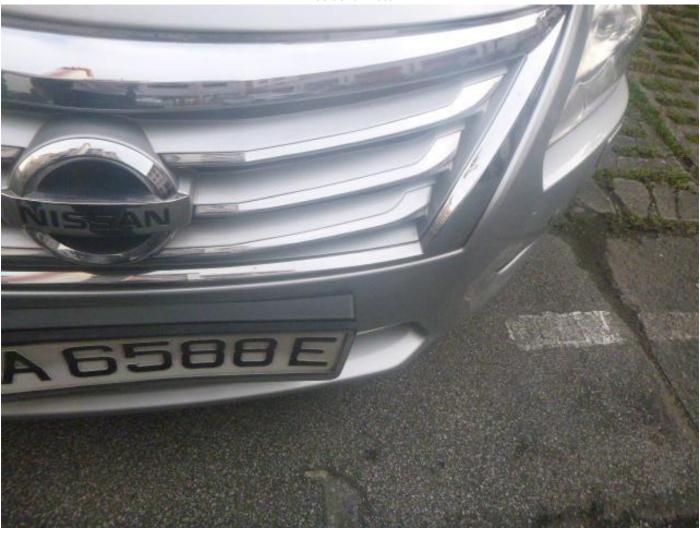
Registered Owner or Driver's Signature



























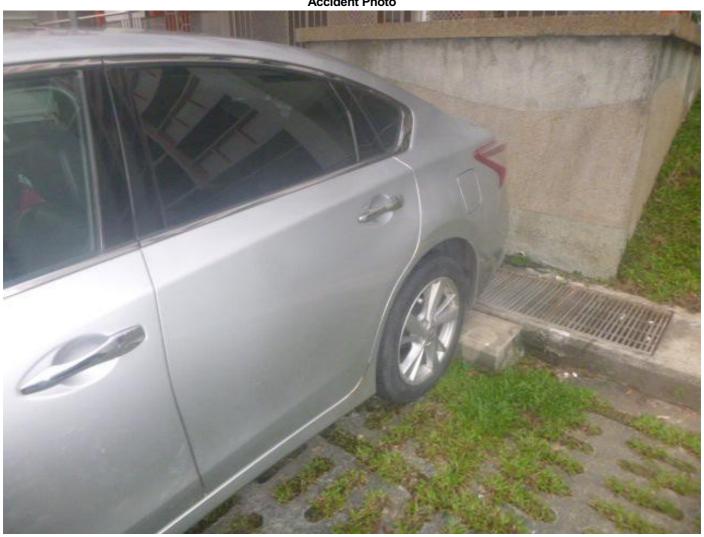
















#### **Driving License**



#### **Driving License**

