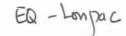
# SINGAPORE ACCIDENT STATEMENT



# 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 truthful and accurate 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
	ACCIDENT STATEMENT
Date Of Report	08/12/2018 16:26
Date Of Accident	07/12/2018 15:00
Exact Location Of Accident	629A SENJA ROAD 671629 MSCP LEVEL 2A
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ8388X
Insured/Policyholder	
Name Of Registered Owner	TEOH SIEW BENG
NRIC No	S1704084G
Email Address	SIMONTEOH.1688@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90288388
Alternative Phone No	OFFICE-90288388
Vehicle Particulars	
Manufacturer	AUDI
Model	Q5 2.0
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DMPPHQ18-007705
Cover Note Number	
Driver	
Name of Driver	TEOH SIEW BENG
NRIC No	S1704084G
Date Of Birth	26/10/1964
Occupation	INDOOR
Date Of Driving Pass	04/11/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-90288388
Fax Number	
Lay Malling	

OFFICE-90288388

SIMONTEOH.1688@GMAIL.COM

Address

NIL

Postcode

Was driver an employee of the Insured's Company

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

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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)

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

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT NO: T-20181208-2027(LODGED AT BUKIT PANJANG N.P.C ) ON 7TH DECEMBER 2018 AT 1500HRS, I PARKED MY VEHICLE SKJ8388X AT BLK 629A SENJA ROAD MSCP DECK 2B LOT 114. EVERYTHING WAS INTACT.AT 1800HRS, I WENT TO RETRIEVED MY VEHICLE, I DISCOVERED MY FRONT FENDER, FOG LIGHT COVER, FRONT GRILLED AND HEAD LAMP WAS DENTED AND DAMAGED. THERE IS A NOTE LEAVING THE CONTACT NUMBER 94891019 HOWEVER WHEN I TRIED TO CONTACT, IT WAS A WRONG PERSON. I WENT TO RETRIEVED MY IN CAR CAMERA FOOTAGE AND IT SHOW AT 1557HRS, ONE WHITE SUV DRIVEN BY A MALE PERSON COLLIDED ON TO MY VEHICLE.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFA7979D

Vehicle Make/Model/Colour

TOYOTA / RAV4 / WHITE

**Details Of Properties** 

HIT AND RUN

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN DRIVER

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# SKETCH PLAN IMPORTANT NOTICE IMPORTANT NOTICE 1. Please report correctly the details of the accident to speed up the plains process. 2. This form must be completed by the Policyholder and/or the Authrolised Driver. 3. Information provided must be as truthful and accorate as possible. Any withit misrepresentation or withholding of massital 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 insurance programs. 5. Any takes reporting may be referred to the Police for investigation. 6. The report will be forwarded by the Insurers of the Solar Records Management Centre established by the General insurance Association of Singapore (GIA) for admining and that copies of the report all the report at the centre and to copies of the report of Singapore (GIA) for admining and that copies of the report all processes of the report of t **VERIFIED BY AJAX MARS** REPORTING OFFICER MUHAMMAD SUMARDI BIN MOHD AFFANDI Witnessed by Reporting Centre Personnel Sketch Plan 6219A SEHIR 18 HIK MECP DOWH 147 4388 X CHR (HIT AL Rub GNEH CAO WRDAG NUM RETR CONTRACT