

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 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

Date Of Report	13/11/2018 18:28
Date Of Accident	12/11/2018 19:30
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8784L
Insured/Policyholder	
Name Of Registered Owner	THAM YIN YENG
NRIC No	S0056706Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98285791
Alternative Phone No	OFFICE-98285791

Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0017435-MVA
Cover Note Number	

Driver

Name of Driver	TAN EN EN
NRIC No	S8512600H
Date Of Birth	24/04/1985
Occupation	INDOOR
Date Of Driving Pass	30/05/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91189037
Fax Number	
Contact Number	
EMail Address	MAILENEN@GMAIL.COM

Address	BLK 2, TOH YI DRIVE #04- 157
Postcode	590002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLE
Road Surface	WET

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?	
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)	1

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

REFER TO SKETCH PLAN.

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	SME248Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BOON CHEN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

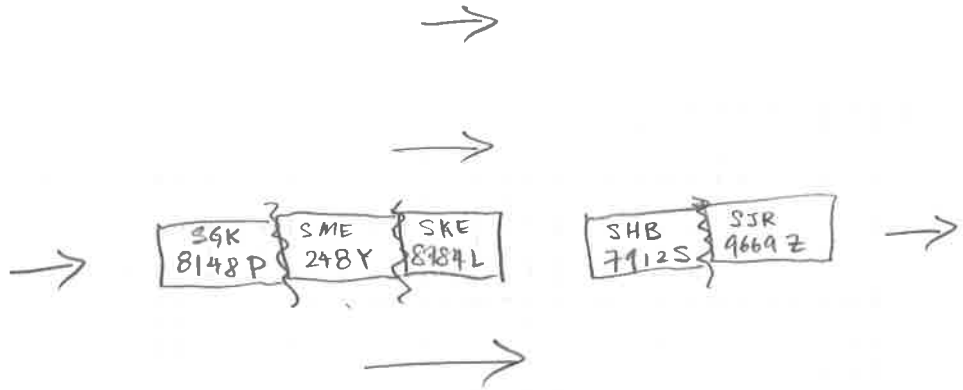
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGK8148P
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	NG KAY WAN
NRIC/Passport Number	S1772499A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

before the orange and white speed camera

Accident happened along HE₁ Road was wet. Sequence of events:

1. Car 1 (SJR 9669 Z) braked.
2. Car 2, behind Car 1, hit into Car 1
(SHB 7912 S)
3. Car 3 (SKE 8784 L) ~~stop~~ braked ~~an~~ with distance between it and Car 2.
4. Car 4 hit into Car 3. Claims that ~~before~~ he had stopped in time
(SME 248 Y)

but Car 5 (SGK 8148 P) hit into him, and caused him to hit into Car 3.

DECLARATION

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



Policyholder's Signature
Date & Time:

13/11/18
5:15pm

Driver's Signature
(If driver is not the policyholder)

Date & Time: 13 Nov 2018, 5:15pm

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: