

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	20/12/2018 16:21
Date Of Accident	19/12/2018 19:30
Exact Location Of Accident	JUNCTION OF BT PANJANG RD & BT PANJANG RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX3652S
Insured/Policyholder	
Name Of Registered Owner	LOH NEE KIONG
NRIC No	S7310010J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81884620
Alternative Phone No	OFFICE-81884620

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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-V0016425-MVA-R001
Cover Note Number	

Driver

Name of Driver	GOH THENG THENG
NRIC No	S7310010J
Date Of Birth	31/05/1978
Occupation	INDOOR
Date Of Driving Pass	02/05/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98422399
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 345 CHOA CHU KANG AVE 3 # 05-31
Postcode	689876
Was driver an employee of the Insured's Company	NO
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

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
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)	4
Passenger 1	NAME: : LOH NEE KIONG GENDER: : MALE
Passenger 2	NAME: : CHIA AH MOI GENDER: : FEMALE
Passenger 3	NAME: : LOVELL LOH 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

REFER TO SKETCH PLAN.

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	SJQ9010D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA WE KOCK
NRIC/Passport Number	S0150902J
Contact Number	

Address

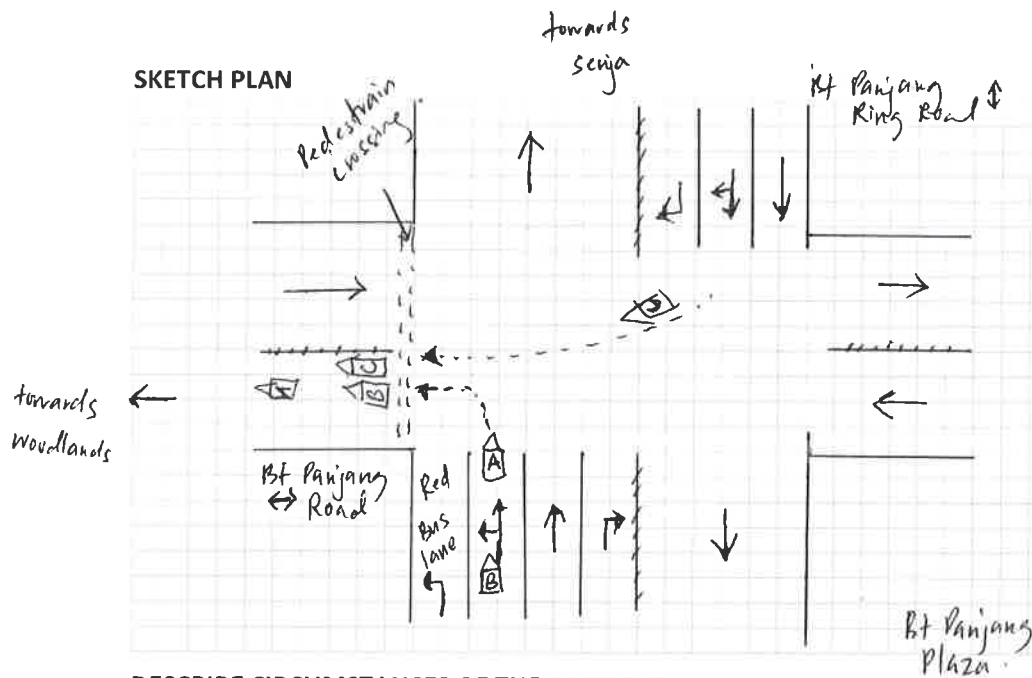
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/12/2018 at about 7.30pm, I was driving SKX 3652S and stopped my car for red traffic light junction Bt Panjang Rd & Bt Panjang Ring Rd (towards) Senja. There was another vehicle in front of my car. I am on the 2nd lane from the left. The 1st lane was a bus lane (red lane). When the traffic light turns green, I slowly move my car to wait ~~at~~ turning left to give way to pedestrians at the ~~ped~~ traffic junction. When there are no more pedestrians, the car in front of me drive off. I also turned left and wanted to drive towards directions of Woodlands Rd. Suddenly, an unknown car (SJQ 9010D) driving from opposite direction suddenly made a fast turn and cut into my lane. The said driver failed to give way to my car. I tried to brake but still collided. No one was injured in both vehicles. As a result, my right bumper (front) have dent and damage. The other vehicle left passenger (front) slightly dented.

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
Name:
NRIC/FIN No.: