SINGAPORE ACCIDENT STATEMENT

10/1/12 Re proceed. Celine

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 witholding 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 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	04/01/2012 11:20
Date Of Accident	04/01/2012 10:00
Exact Location Of Accident	AYE TOWARDS CITY(LAMP POST 522)
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGX6294U
Insured/Policyholder	
Name Of Registered Owner	EDDIE TIANG WEN WEI
NRIC No	S7248798B
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.5 (A)
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	Chartis Singapore Insurance Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100038609-04000
Cover Note Number	01/09/2011 - 31/08/2012
Driver	
Name of Driver	EDDIE TIANG WEN WEI
NRIC No	S7248798B
Date Of Birth	26/12/1972
Occupation	Indoor
Date Of Driving Pass	08/07/1998
Driving Experience	13 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-84820257
Fax Number	
Contact Number	
EMail Address	TIANGWW@GMAIL.COM
Address	BLK 80 CORPORATION ROAD #03-01
Postcode	649819
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner