## 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 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 coraforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/01/2019 15:44
Date Of Accident	11/01/2019 17:00
Exact Location Of Accident	ECP TOWARDS CITY (BEFORE MARINE PARADE EXIT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJE4322A
Insured/Policyholder	
Name Of Registered Owner	YEE TECK SENG
NRIC No	S1414678D
Email Address	HAHAX_O1@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97897284
Alternative Phone No	OFFICE-97897284
Vehicle Particulars	

Manufacturer HONDA

Model STREAM-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 LONPAC INSURANCE BHD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number Z18VP05018180 Cover Note Number Z18VP05018180

Driver

Name of Driver ARNOLD YEE HUA JUN

NRIC No S9336131H Date Of Birth 22/09/1993 Occupation **INDOOR Date Of Driving Pass** 03/05/2013

**Driving Experience** 5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96454259

Fax Number

Contact Number

**EMail Address** HAHAX\_O1@HOTMAIL.COM RECEIVED 1 4 JAN 2019

LONPAC

S'PORE

Address

BLK 569 PASIR RIS STREET 51 #04-64

Postcode

510569

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

CHILDREN

\_

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident

CHAIN COLLISION

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

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

140

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 ATTACH

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO CLIP AT VISION AUTOWORK

Was there any audio recorded?

NO

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

Vehicle Registration Number

SLZ3063U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

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

SHF187T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

ARNOLD YEE HUA JUN

Approximate Age

Injuries Sustain

**BODY PAIN** 

Injured person in which vehicle?

SJE4322A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

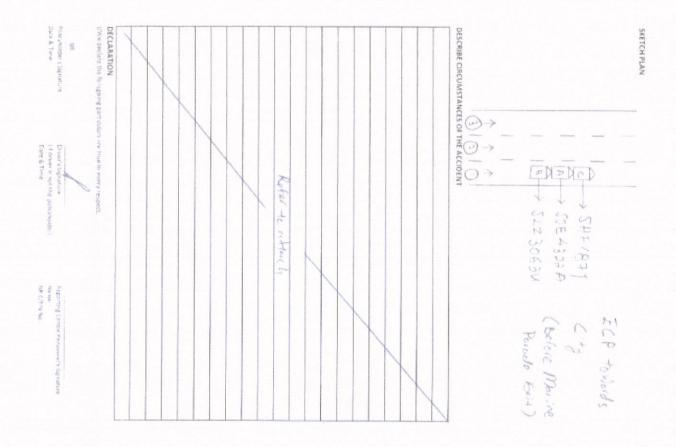
ambulance?

BLK 569 PASIR RIS STREET 51 #04-64

Address

510569

Postcode



## SKETCH PLAN

## IMPORTANT NOTICE

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Any false reporting may be referred to the Police for investigation

- The report will be forwarded by the manus of the GIA flecords Man es to the archiving of this report at the centre and to receive of
- Consent under the Personal Data Protection Act (PDPA)

the report being made available afterward.

understand, acknowledge, agree and consent that

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(III) compling out and/or cesting with the authoritions of respection to early enquiries by the

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# SINGAPORE ACCIDENT STATEMENT

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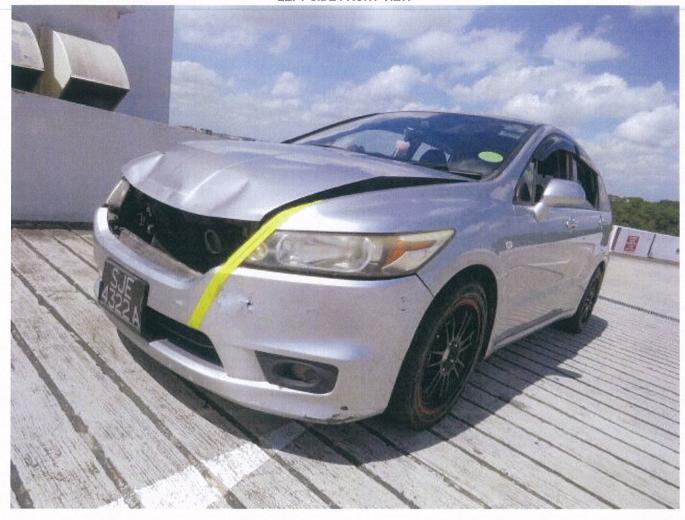
On 11.01.19 at about 17:00 hours along ECP towards City (Before Marine Parade Exit). I was travelling straight on the lane 1, when my front vehicle (C) slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind and the Impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realised it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of total 3 vehicles involved.

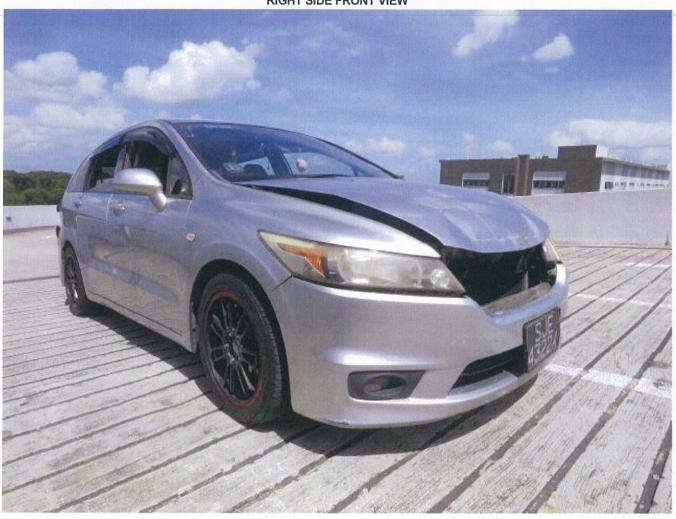
Vehicle (B): SLZ 3063U Vehicle (C): SHF 187T Vehicle (A): SJE 4322A



## LEFT SIDE FRONT VIEW



## RIGHT SIDE FRONT VIEW





## LEFT SIDE REAR VIEW



## RIGHT SIDE REAR VIEW



## ODOMETER

