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
- 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

	ACCIDENT STATEMENT	
Date Of Report	15/01/2019 15:57	
Date Of Accident	15/01/2019 08:00	
Exact Location Of Accident		
Country/State of Loss	BLK 805 YISHUN RING ROAD CARPARK	
	SINGAPORE	
	DETAILS OF OWN VEHICLE	

	DETAILS OF OWN VEHICL		
Vehicle Registration Number	SI \$8084M		

SLS8084M

Insured/Policyholder

Name Of Registered Owner

CHENG TZE WEE JOHN

NRIC No S7634595C

Email Address

PROPERTY_ADVICE@YAHOO.COM.SG Mobile Phone No (LOCAL) +65-90217634

Alternative Phone No OTHERS-90217634

Vehicle Particulars

Manufacturer SUBARU Model FORESTER

Exact Purpose for which vehicle was being used at PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

A 29032924 QMY

Cover Note Number

Driver

Name of Driver CHENG TZE WEE JOHN

NRIC No S7634595C Date Of Birth 25/10/1976 Occupation OUTDOOR Date Of Driving Pass 27/08/2004

Driving Experience 14 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90217634

Fax Number

Contact Number OTHERS-90217634

EMail Address PROPERTY_ADVICE@YAHOO.COM.SG Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Ergo LTA

Sketch Plan #2 Pg. 1

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ite & Time:	(If driver is not the policyholder		

Date & Time:

NRIC/FIN No.: