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 consent to the archiving of this report at the centre and to copies of the report being made available

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	ACCIDENT STATEMENT
Date Of Report	07/02/2019 11:22
Date Of Accident	07/02/2019 07:05
Exact Location Of Accident	CLEMENTI AVE 6 JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC8986U
Insured/Policyholder	
Name Of Registered Owner	GOH CHER CHAY
NRIC No	S7272716I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82009118
Alternative Phone No	OFFICE-82009118
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (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 PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company **AVIVA LTD**

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number

Cover Note Number

Driver

Name of Driver **GOH CHER CHAY**

NRIC No S7272716I Date Of Birth 14/08/1972 Occupation **INDOOR** 02/05/2000 **Date Of Driving Pass**

Driving Experience 18 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82009118

Fax Number

OFFICE-82009118 Contact Number

EMail Address NOEMAIL Address 153 WESTWOOD AVE

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

3

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: GOH JING YING ANTHEA

GENDER: : FEMALE

Passenger 2

Passenger 1

NAME: : LEONG CHONG LEONG

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 ATTACHMENT

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 SLA8607A

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)

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Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel	
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