

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	11/02/2019 18:07
Date Of Accident	10/02/2019 10:00
Exact Location Of Accident	HOUGANG AVE 7
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ182G
Insured/Policyholder	
Name Of Registered Owner	PRIMITIVES WOODWORKS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98329547
Alternative Phone No	OFFICE-98329547
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1838401800
Cover Note Number	
Driver	
Name of Driver	LOKE HOONG SUM
NRIC No	S2656007A
Date Of Birth	06/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1985
Driving Experience	33 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98329547
Fax Number	
Contact Number	OTHERS-98329547
EEmail Address	NOEMAIL

Address	45B PAYA LEBAR CRESCENT
Postcode	536111
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SJV2640E
Vehicle Make/Model/Colour	KTA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANON TAY KOK LEE
NRIC/Passport Number	S7403771B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/2/2019, I was travelling straight along Hougang Ave 7. Suddenly I felt an impact on my front and realised vehicle B has collided on my vehicle. As a result my car sustained damages on the front and left portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

11/2/2019

Witnessed by reporting centre personnel
Date / time:

Sketch Plan #2



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



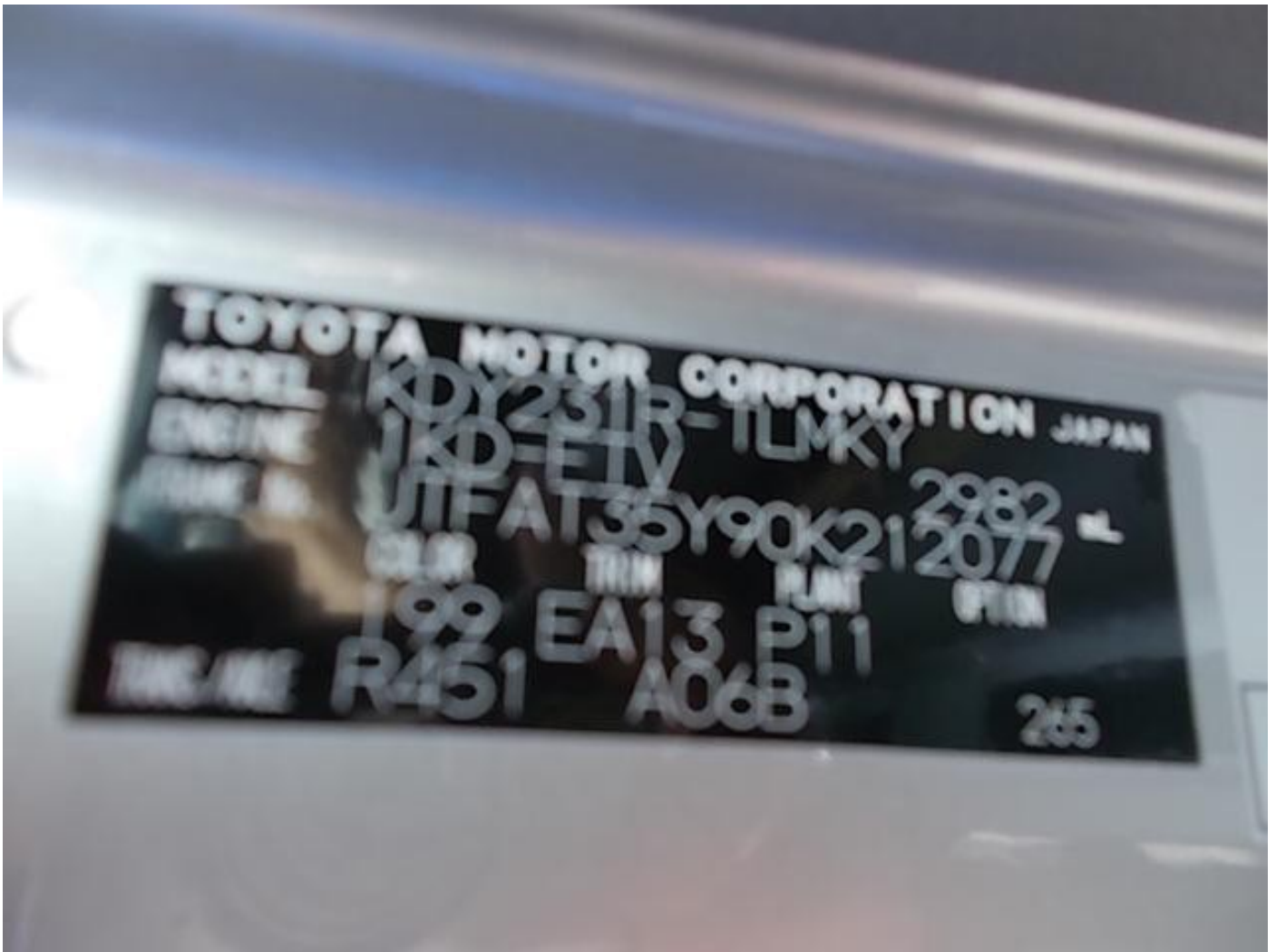
Accident Photo



Accident Photo



Accident Photo



Accident Photo

