#### 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 <u>truthful and accurate</u> 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 aforesaid

| aforesaid.                  |                     |  |
|-----------------------------|---------------------|--|
|                             | ACCIDENT STATEMENT  |  |
| Date Of Report              | 11/02/2019 16:11    |  |
| Date Of Accident            | 10/02/2019 13:15    |  |
| Exact Location Of Accident  | ALONG PIE/TUAS      |  |
| Country/State of Loss       | SINGAPORE           |  |
| DETAILS OF OWN VEHICLE      |                     |  |
| Vehicle Registration Number | SLM3497U            |  |
| Insured/Policyholder        |                     |  |
| Name Of Registered Owner    | KAREN TAN SZE CHING |  |
| NRIC No                     | S7601835I           |  |

KARENTAN22@GMAIL.COM

(LOCAL) +65-93672987

OFFICE-93672987

Alternative Phone No Vehicle Particulars

**Email Address** 

Mobile Phone No

Manufacturer MAZDA Model MAZDA3

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?

YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

**Insurance Company** 

Name of Insurance Company EQ INSURANCE COMPANY LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMPPHQ18-001878

Cover Note Number

Driver

Name of Driver KAREN TAN SZE CHING

 NRIC No
 \$76018351

 Date Of Birth
 22/01/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 28/11/1996

Driving Experience 22 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93672987

Fax Number

Contact Number OFFICE-93672987

EMail Address KARENTAN22@GMAIL.COM

Address

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 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? 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.

Number of Passengers (Including Driver)

2

NO

Passenger 1

NAME: : RUSSELL WONG KWOK HIN

GENDER: : MALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

#### **Circumstances of Accident**

I was traveling on PIE/TUAS on the right lane going straight. Suddenly front vehicle jammed braked. I applied braked but there was not enough time and ended up hitting the front vehicle's rear portion. When I came out from my vehicle,I discovered it was a chain collision with 3 vehicles involved. Nobody was injured

#### 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 SLV6148K

Vehicle Make/Model/Colour VOLKSWAGEN / GOLF / BLUE

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver JOEY NG ZI LIN

NRIC/Passport Number

Contact Number 98222207

Address Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number SHB2090X

Vehicle Make/Model/Colour HYUNDAI / I40

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver UNKNOWN DRIVER

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

: P1

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Passenger 2 NAME: : P2

GENDER: :

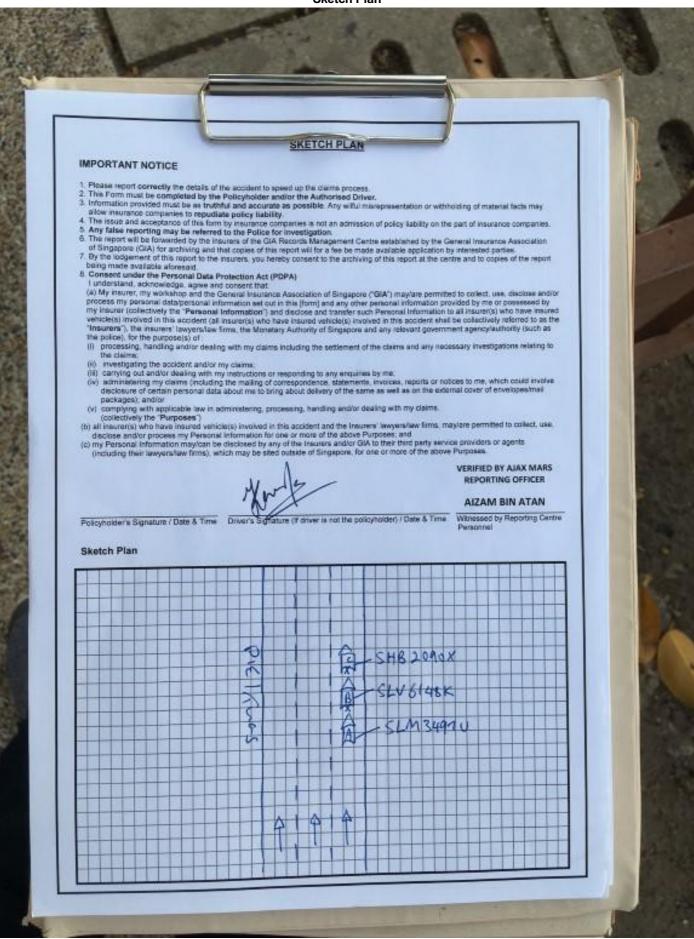
Passenger 3 NAME: : P3

GENDER: :

Passenger 4 NAME: : P4

GENDER: :

#### **Sketch Plan**



# Common Statement Pg. 1

# **ACCIDENT STATEMENT (2000 characters)**

| I was traveling on PIE/TUAS on the right lane going straight. Suddenly front vehicle jammed braked. I applied braked but there was not enough time and ended up hitting the front vehicle's rear portion. When I came out from my vehicle,I discovered it was a chain collision with 3 vehicles involved. Nobody was injured |  |  |
|--|--|--|
| Taxi Voucher No.:  |  |  |
| DECLARATION  I/We declare that the above particulars & information provi   | ided above are true in every aspect    |  |
| VERIFIED BY AJAX MARS REPORTING OFFICER -<br>AIZAM BIN ATAN  | Manya                                  |  |
| MARS Officer   | Registered Owner or Driver's Signature |  |
| Job Complete Date/Time   | Date/Time:                             |  |
| 11 February 2019 at 3:00 PM  | 11 February 2019 at 3:00 PM            |  |









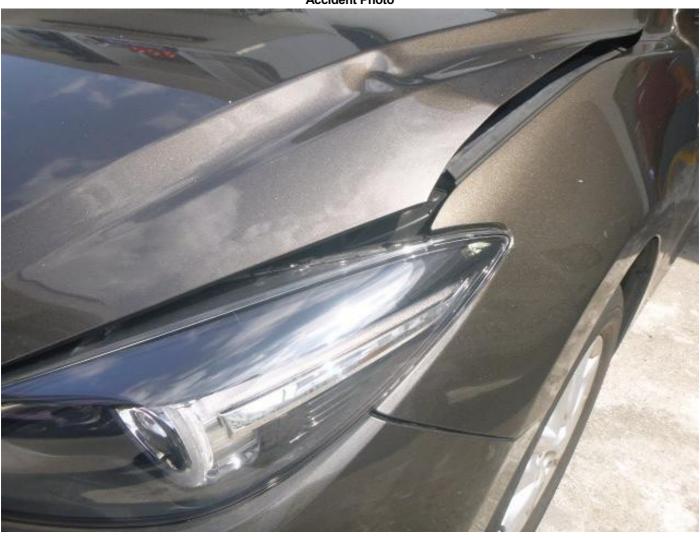


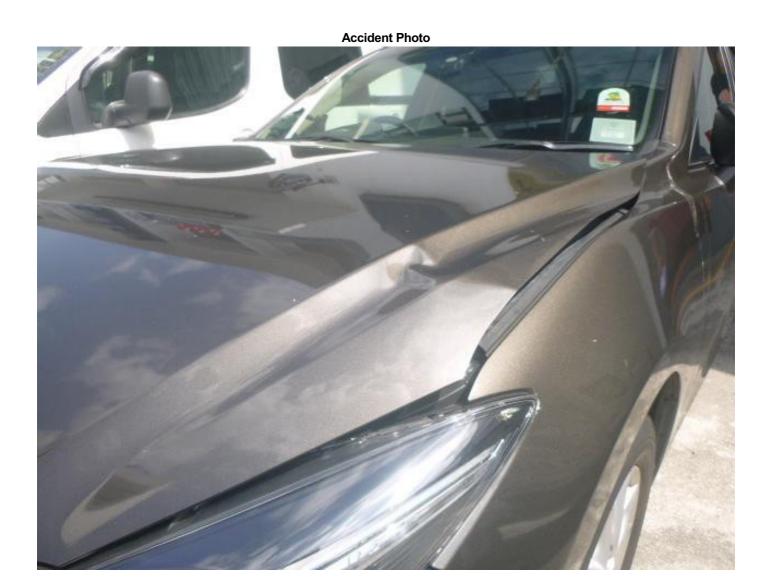




















**Driving License** 



**Driving License** 

