

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	29/03/2019 16:19
Date Of Accident	28/03/2019 08:30
Exact Location Of Accident	TPE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV91A
Insured/Policyholder	
Name Of Registered Owner	TEE BOO CHYE
NRIC No	S0459728A
Email Address	SWYONGSH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98172173
Alternative Phone No	OTHERS-97624166

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SANTA FE-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05021715
Cover Note Number	

Driver

Name of Driver	SHERWAYNE YONG SEOW HWEE (YANG XIAOHUI)
NRIC No	S0459728A
Date Of Birth	14/09/1981
Occupation	INDOOR
Date Of Driving Pass	19/03/2003
Driving Experience	16 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97624166
Fax Number	
Contact Number	OTHERS-98172173
E-Mail Address	SWYONGSH@GMAIL.COM

Address	15 FERNSVALE CLOSE #09-28
Postcode	797477
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DAUGHTER IN LAW
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
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

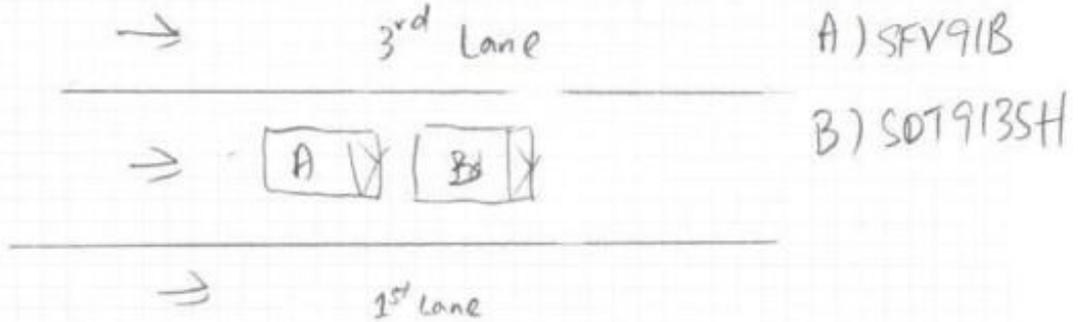
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT9135H
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEH LIK CHUN (BAI LI CHUN)
NRIC/Passport Number	S7833564E
Contact Number	98314743
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

TPE towards cctv41



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Heavy Traffic I cannot brake in time and bang the rear of the car in front of me.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/03/2019

Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8129696J**



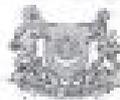
Name
SHERWAYNE YONG SEOW HWEE
(YANG XIAOHU)
杨晓慧

Race
CHINESE

Date of birth
14-09-1981

Sex
F

Issuing Office
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S8129696J**

Name
YONG SEOW HWEE
(YANG XIAOHU)

Birth Date **14 Sep 1981**

Issue Date **26 Mar 2005**



5206907



Ident. No. **S8129696J**



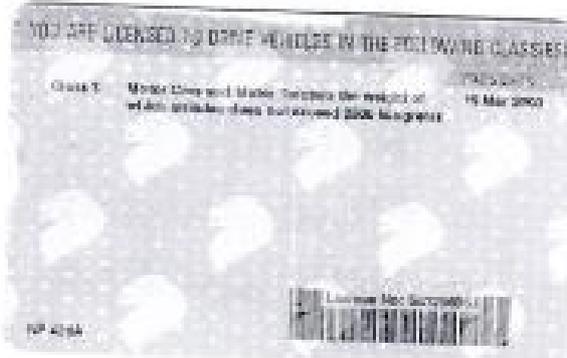
Signature
27-07-2010

15 HERRNLE CLOSE #09-28
SINGAPORE 167477

Ident. No. **S8129696J** Date **05/03/2010**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFI

Class 1 Motor Cycle and Motor Vehicle (the weight of which includes those not covered class 1) **19 Mar 2005**



ISSUE NO. **S8129696J**



NP 4194