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.

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	ACCIDENT STATEMENT
Date Of Report	08/04/2019 11:26
Date Of Accident	06/04/2019 12:30
Exact Location Of Accident	BANGUNAN SULTAN ISKANDAR JOHOR BAHRU
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
, e D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD5378P 11/04/19 @ 1038ms
Insured/Policyholder	
Name Of Registered Owner	JUMAT BIN KASSIM Spoke to 01. said was a way
NRIC No	7
Email Address	JUMATKASSIM@GMAIL.COM from to bry growing and melian
Mobile Phone No	(LOCAL) +65-93882498 Tem to by growing and making
Alternative Phone No	OFFICE-93882498 Was Joseph Styped at vanons
Vehicle Particulars	
Manufacturer	HONDA loichans. HA condinans dring.
Model	VEZEL-1.5 X(A) by Ju S& est 1200ms. On the wy
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE Smelf bring smell. At coston boots,
Are you claiming under your own insurance policy for repair to your vehicle?	YES stapped to hand own persons and saw
If No, Please state action to be taken	Smile comy at for deshboard expenses
Vehicle Category	PRIVATE CAR et Just sinder side. The office
Insurance Company	and was advised to drive jume
Name of Insurance Company	ECICCLIMITED
Type Of Coverage	COMPREHENSIVE and go to spe to seek assistance
Fleet Policy	NO Thomas stated to come state
Policy Number	MPC18B00031501
Cover Note Number	my and the deshlowed
Driver	To Cooking Things use hose to
Name of Driver	S1370835F Port and Zira. Mare Hom Proce
NRIC No	S1370835E
Date Of Birth	19/04/1959 Myst and verine touch back to
Occupation	
Date Of Driving Pass	21/08/1991 Brunt brand new Im PT
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE MALE
Mobile Number	21/08/1991 27 YEARS AND 7 MONTHS Fort sering in Jan. MG. (LOCAL) +65-93882498 Herr received any with Jan.
Fax Number	We have a second of the second
Contact Number	OFFICE-93882498
EMail Address	JUMATKASSIM@GMAIL.COM

Address

BLK 14 B LORONG 7 TOA PAYOH #24-245

Postcode

312014

Was driver an employee of the Insured's Company NO

was arrest air employee of the insured's company

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

FIRE, EXPLOSION OR LIGHTNING

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

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

BANGUNAN SULTAN ISKANDAR

Was notice of intended Prosecution given?

on given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

Place Peter To Video Forlage

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/4/19 at about 1230 hrs at John Baru CIR after imigration
Checking, suddenly I saw smoke coming out from the dash broard
good give compartment I was asked by the iniquation afficer to move
at the side lane and asked for holy at the allies when I want out
TO SEE THE CAUTAR THERE WAS ALTERNAL FOR THE ALL THE COURT
like bar spread, with the help of imigration officers I tired to put
like has spread with the help of imigration officers I tried to put off the live but in vainantil the livemen came and put out
the fire.

DECLARATION

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

Rolicyholder's Signature

Date & Time: 8/4/19 1055/19.

Driver's Signature . (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: Moo Wen zheng

NRIC/FIN No .: