

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	04/06/2019 17:22
Date Of Accident	03/06/2019 17:35
Exact Location Of Accident	ALONG ANGUILLA CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9859D
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Insured/Policyholder

Name Of Registered Owner	GOH HAN KIAT ALAN
NRIC No	S8023515A
Email Address	ALAN.GOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97106050
Alternative Phone No	OFFICE-97106050

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 X SPECIAL EDITION (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC18A00278100
Cover Note Number	

Driver

Name of Driver	GOH HAN KIAT ALAN
NRIC No	S8023515A
Date Of Birth	10/08/1980
Occupation	INDOOR
Date Of Driving Pass	01/11/2006
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97106050
Fax Number	
Contact Number	OFFICE-97106050
EEmail Address	ALAN.GOH@GMAIL.COM

Address	BLK 308C PUNGGOL WALK #12-342 SINGAPORE
Postcode	823308
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	AFTER RAIN
Road Surface	WET

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?	YES
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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 ACCIDENT STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1.

Vehicle Registration Number	GY264R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NOEL LESLIE JASWAN
NRIC/Passport Number	S2561711H
Contact Number	96701731
Address	BLK 4 MARINE TERRACE #02-322
Postcode	440004
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIN SHIMAN SANDRA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJK9859D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 3rd June 2019, approximately 1740hrs wet floor after rain. Veh SJK 9859 D was driving when veh. A stopped to reverse into a carpark lot and veh GY364K driven by Noel Leslie & Jaswan drove and hit my car

The incident happened at Anguilla Park carpark

Passenger was affected and went to the doctor and was given 3 days mc

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:

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