

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	01/07/2019 12:34
Date Of Accident	29/06/2019 10:10
Exact Location Of Accident	BLK 127 PASIR RIS ST 11 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3685Z
Insured/Policyholder	
Name Of Registered Owner	MISS MURNI BINTE SALLEH
NRIC No	S8226894D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90061381
Alternative Phone No	OFFICE-90061381

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3047501800
Cover Note Number	

Driver

Name of Driver	SHAIK MUHAMMAD HISYAM BIN SHEIRK MOHMAD KAMAL
NRIC No	S8601278B
Date Of Birth	09/01/1986
Occupation	INDOOR
Date Of Driving Pass	16/10/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98590659
Fax Number	
Contact Number	OFFICE-98590659
Email Address	NOEMAIL

Address	BLK 127 PASIR RIS STREET 11 #05-385
Postcode	510127
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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

REFER TO 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	SKL9053U
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WILFRED TAY
NRIC/Passport Number	
Contact Number	97423911
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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SKETCH PLAN

A = SJG36852
B = SLK9053U

Bk 127

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 29/6/2009, I parked my vehicle at Bk 127 Pasir Ris St 11 carpark.


When I went to collect my vehicle, I noticed my vehicle was damaged and a note was left on my front windscreen by Mr. Wilfred Tay (Driver of vehicle SLK9053U). Stated that he has collided on my vehicle when he reversed into the carpark lot.

As a result, my car sustained damages on the front 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:


Witnessed by reporting centre personnel
Date / time:

all my deepest apologies!

Please call me at 934-23911 and I'll
meet you at your block.

I look your understanding and do pardon me
about I not able to answer your first call.

I'm conducting a wedding ceremony and will
return your call when the ceremony is over.

Thanks for your patience!

Wil

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

