#### 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

atoresaid.	
	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
D	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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Soliciting/oπering accident claims assistance.

Number of Passengers (Including Driver)

NO 0

NO

NO

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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)

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#### **Accident Sketch Plan**

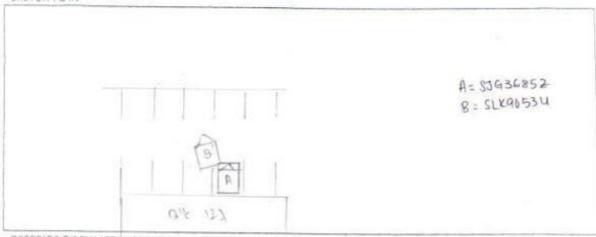
#### SKETCH PLAN

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE

Wen	1 went	to colle	t my ve	hide , I	nuticed my	vehicle	was dam	aged
and a note	was let	t on m	front w	ndscreen by	Mr. Wilfre	d Tay (D	river of	vehicle
SKL 9053U)	Stated 7	that he	has rollid	ed on m	y vehide	when he	reversed	into the
carpark lot								

#### DECLARATION

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

Policyholder's signature Date / time:

Driver's signature

(if driver is not policy holder) Date / time:

g centre personnel Witnessed by report Date / time:

#### **Others**

