

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	08/04/2019 18:26
Date Of Accident	07/04/2019 23:10
Exact Location Of Accident	SINGAPORE WOODLAND CUSTOM TOWARDS SG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE1198M
Insured/Policyholder	
Name Of Registered Owner	YONG WEI WEN
NRIC No	S8423628D
Email Address	DON_XU84@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90255082
Alternative Phone No	OFFICE-90255082

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180-1.6 (R16 BI) (A)
Exact Purpose for which vehicle was being used at time of accident	
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00571835
Cover Note Number	

Driver

Name of Driver	XU YONGSHUN
NRIC No	S8437449J
Date Of Birth	01/12/1984
Occupation	INDOOR
Date Of Driving Pass	22/11/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90255082
Fax Number	
Contact Number	
EEmail Address	DON_XU84@HOTMAIL.COM

Address	BLK 633 HOUGANG AVE 8, #02-03
Postcode	530633
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	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)	4
Passenger 1	NAME: : YONG WEI WEN GENDER: : FEMALE
Passenger 2	NAME: : KHOR SWEE LIAN GENDER: : MALE
Passenger 3	NAME: : LEE BEE LIAN 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

Refer to attachment

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TOO LARGE, EMAIL SUBMISSION
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCP5010T
Vehicle Make/Model/Colour	MERCEDES SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

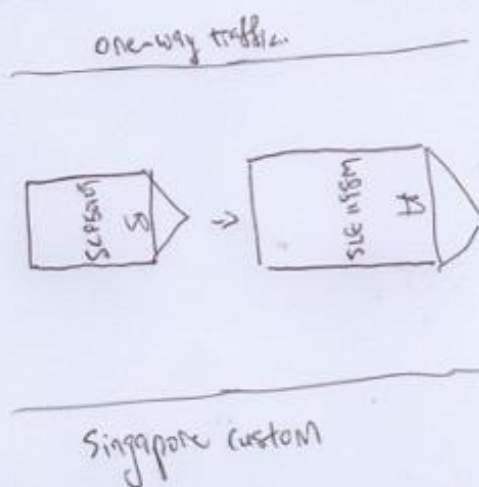
Accident Toolkit

Sketch plan

Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

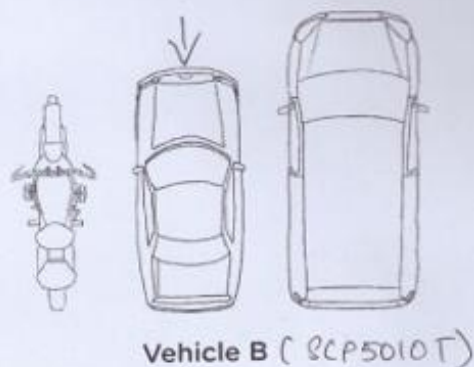
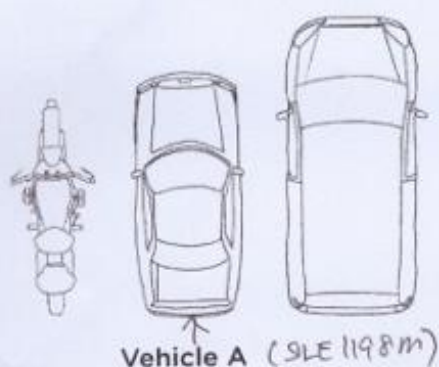
If safe, please take photos or videos from all angles.



I am driving vehicle SLE 1198M @ 7th Apr 2017.
The accident happen at Singapore custom, I put my car to a stop and exit the car for custom check. Timing is around 11:07pm. I walked to the back of my car to prepare for the check.
I notice vehicle SCP 5010T continue to move forward and I tried to warn the owner, but the car continue to move and hit my rear bumper causing damage and nearly hit me.
Vehicle SCP 5010T owner insisted nothing happen, and no damage and walk off.

[Signature]
18/04/17
5:30 PM

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



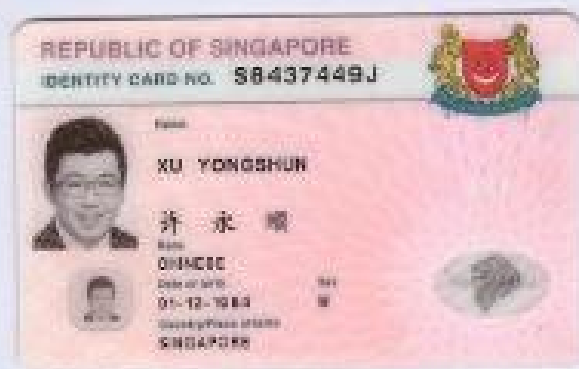
Call us direct

Customer Care
6665 5555

Claims Support 24/7 Hotline
6532 1818

+65 6603 3699 (from overseas)

Driving License





Identification Card



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8423628D




Name
YONG WEI WEN
(XIONG WEIWEN)
熊 玮 雯


Race
CHINESE

Date of birth
03-08-1984

Sex
F

Country/Place of birth
SINGAPORE



odometer



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

