## 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 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

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	ACCIDENT STATEMENT
Date Of Report	27/05/2019 12:47
Date Of Accident	25/05/2019 16:00
Exact Location Of Accident	PAVILION CIRCLE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP105S
Insured/Policyholder	
Name Of Registered Owner	TAN CHOON SENG
NRIC No	S1392189Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92380155
Alternative Phone No	OFFICE-92380155
Vehicle Particulars	
Manufacturer	BMW
Model	730LI AT D/AB 4DR SR LED DSC NAV HUD
Exact Purpose for which vehicle was being used a time of accident	t

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken Vehicle Category PRIVATE CAR

**Insurance Company** 

Name of Insurance Company ERGO INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy

Policy Number DMPG19004131

Cover Note Number

Driver

Name of Driver ANG YENG LIM NRIC No S1698309H Date Of Birth 25/08/1965 Occupation **INDOOR** Date Of Driving Pass 11/10/1999

**Driving Experience** 19 YEARS AND 7 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-90172294

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address 323, PAVILION CIRCLE

Postcode 658582

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

Vollidio

Insurance Company of Driver's Own Vehicle

-

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NO

NO

1

NO

NO

YES

NO

NO

**General Information of the Accident** 

Type Of Accident COLLISION - MAJOR/MINOR RD

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

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.

Number of Passengers (Including Driver)

**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 ATTACHED SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1
SGF688B

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TAN WEE MING, FANCIS

NRIC/Passport Number

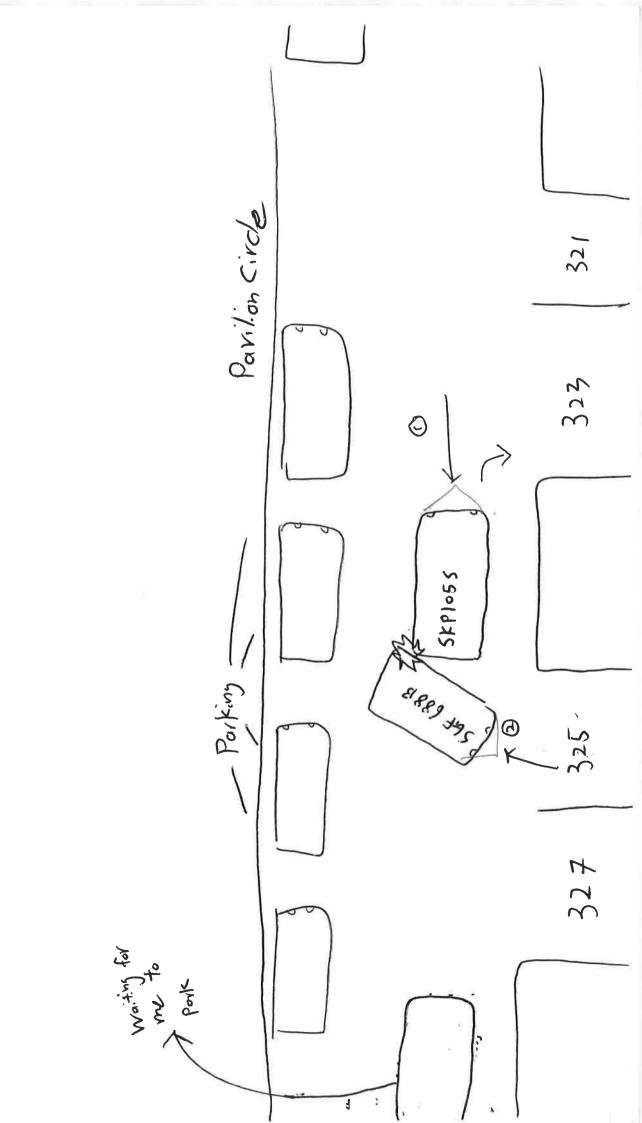
Contact Number 81136380

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



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