

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	03/08/2019 13:40
Date Of Accident	03/08/2019 09:50
Exact Location Of Accident	ORCHARD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU9562C
Insured/Policyholder	
Name Of Registered Owner	WONG BOON SIONG
NRIC No	S6821252I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97348145
Alternative Phone No	OFFICE-97348145

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308SW
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120029411701
Cover Note Number	

Driver

Name of Driver	WONG BOON SIONG
NRIC No	S6821252I
Date Of Birth	07/06/1968
Occupation	INDOOR
Date Of Driving Pass	01/02/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97348145
Fax Number	
Contact Number	OFFICE-97348145
Email Address	NOEMAIL

Address 40 CHOA CHU KANG ST 64 #01-12
 Postcode
 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 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) 2
 Passenger 1
 NAME: : ---
 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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

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 SHA7736P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver ANG TEOW HOW
 NRIC/Passport Number S8106106H
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan #4 Pg. 1

To the officer in-charge

Accident reporting center

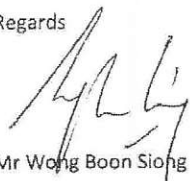
Accident Report 3/8/2019 950 AM Orchard Link (Front of Mandrin Hotel)

I, Mr Wong Boon Siong S6821252I residing at Blk 40, Choa Chu Kang St64 #01-12 Singapore 689103 would like to report the accident occur along orchard link road with vehicle SHA 7736P driven by Mr Ang Teow Hon S8106106H

My Vehicle SDU9562C was travelling along 2nd lane and was clear when SHA7736P make a filter out to left lane and hit the rear right side of my vehicle. Damage was seen on the right rear side of my vehicle as per the pictures attached.

End of report

Regards



Mr Wong Boon Siong

S6821252I

Attached – Pictures of damage / road condition

Drawing of accident site

Insurer – UOI Cert DHOM120029411701

SHA
7736P

YN
3743A

SDU
9562C



ORCHARD LINK

