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.

By the lodgement of this report to the insurers, you hereby aforesaid.	consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/08/2019 18:09
Date Of Accident	22/08/2019 13:35
Exact Location Of Accident	JURONG POINT SHOPPING CENTRE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ7665R
Insured/Policyholder	
Name Of Registered Owner	SOH JUNQIANG
NRIC No	S8901340B
Email Address	SOHJUNQIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82282942

OFFICE-82282942

Alternative Phone No **Vehicle Particulars**

HONDA Manufacturer Model CIVIC-1.6 (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?

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

Insurance Company

Name of Insurance Company **AVIVA LTD**

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number

Cover Note Number

Driver

Name of Driver SOH JUNQIANG NRIC No S8901340B Date Of Birth 08/01/1989 Occupation **INDOOR Date Of Driving Pass** 09/04/2009

Driving Experience 10 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82282942

Fax Number

Contact Number OFFICE-82282942

EMail Address SOHJUNQIANG@GMAIL.COM

BLK 128 BEDOK NORTH STREET 2 Address

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** DRY Road Surface

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

2

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

NO

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? 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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SDU8059X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

Sketch Plan Pg. 1

e Number:															
KETCH PLA	١N										and the second second				
											- n				۰
								+++	++-	9	H		2kG	17	665
						Q	7	(7						
Management of the state of the						1 17	7/2	24	$\rightarrow \rangle$		K	_	ZD	V	sor
						. ,		Alexander Alexander		T					
.,.,	-													4	
														-!	
A STATE OF THE STA															
										The state of the s					And the second
000000000000000000000000000000000000000															
DESCRIBE C	IDCI IMS	FANCEC	ii											the second second	1,
Stop	going The (c	to 1	(1) V	tho	(1. 0ad	e and ber	the ged w	Car i	r funt e from	of t of	me my (snl w l	Jerty	my	
Stop.	going The (c	to 1	(1) V	tho	(1. 0ad	e and bur	the gal or	Car :	r fant e from	of t of		sul	Jerly	my	
Stop.	going The (c	to 1	(1) V	tho	(1. 0ad	e and bur	as g on	Car i	n funt	000		sul sul	Jerty	my	
Stop.	going The (c	to 1	(1) V	tho	(1. 0ad	c 4nd d bor	as g on	Car i	n funt	000		sul Sul	Jerly	my	
Stop.	going The (c	to 1	(1) V	tho	(1. 0ad	e and bur	as g on	Car (n fant	08		3~1 S~1	Jenty	my	
Stop.	going The (c	to 1	(1) V	tho	(1. 0ad	c 4nd d bor	as g on	Car i	r fant	of t of		Snl Snl W	Jenty	my	
Stop.	going The (c	to 1	(1) V	tho	(1. 0ad	e and bur	as g on	Car i	n fant	08		Sul l	Jenty	my	
Stop.	going The (c	to 1	(1) V	tho	(1. 0ad	e and bor	as g on	Car (r fant	08		Sul C	Jenty	my	
Stop.	going The (c	to 1	(1) V	tho	(1. 0ad	e and bur	as g on	Car i	r fant	000		Sul l	Jenty	my	
Stop.	going The (c	to 1	(1) V	tho	(1. 0ad	e and bur	as g on	Car (n (an)	09		Sul C	Jenty	my	
Stop. T	going The Co Station	to 1	(1) V	tho	(1. 0ad	c 4nd d bur	as g on	Car i	r fant	000		5n]	Jenty	my	
Stop. T	going The Co Station	s to l	exit	the (e)	Cu poll	d bur	as g on	Car (into the	n (an)	08		301	Jenty	my	
Stop. T	going The Co Station	s to l	exit	the (e)	Cu poll	d bur	as g on	Car (into the	r (an)	000		3nl	Jenty	my	
Stop.	ON the forego	s to l	exit	the (2) Vo(2)	in every r	espect.	as g on	to 11	r fant	+ 04	m, (7	Jenty rhun		ture

GIARMC SketchPlanForm_V3

























Addendum Sheet Pg. 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was going to (xi) the Cur pack on the Cur in flow) of the small many current of the Cur in flow my current standard. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Driver's Signature Driver's Signature The Cur in flow of the foregoing centre Personnel's Signature Name: Reporting Centre Personnel's Signature Name:	cle Number:		
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was giving to like the Cut pack on the Cor in four of the Similar of the Similar of the Similar of the Cor in four of the Similar of the Si	SKETCH PLAN		,
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was going to list the Curpack on the Corin found of the Solution Sep Time Cur which (subject on being d onto the front of my Cur Chan my Cut was Stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			_
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I sins goins to estimate the control of the southern of the southern state of the control of the southern state of the control of the southern state of the control of the southern state of the southern state of the southern southern state of the southern south			
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I sins goins to estimate the control of the southern of the southern state of the control of the southern state of the control of the southern state of the control of the southern state of the southern state of the southern southern state of the southern south		No Ohatu	- J
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I sins goins to estimate the control of the southern of the southern state of the control of the southern state of the control of the southern state of the control of the southern state of the southern state of the southern southern state of the southern south			3/
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I sins goins to estimate the control of the southern of the southern state of the control of the southern state of the control of the southern state of the control of the southern state of the southern state of the southern southern state of the southern south			
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I sins goins to estimate the control of the southern of the southern state of the control of the southern state of the control of the southern state of the control of the southern state of the southern state of the southern southern state of the southern south		A JAR DE COUL	ra
I has going to exit the Cur pack and the last in famt of me smill entry Stop. The car in faut (extended and bonged into the front of my (ar thun my Cur has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Onte & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I has going to exit the Cur pack and the Car in famt of me smolety Skop. The car in fact (2)4(5c and bonged into the front of my (ar liven my cur has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I has going to exit the Cur pack and the last in famt of me smill entry Stop. The car in faut (extended and bonged into the front of my (ar thun my Cur has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Onte & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I has going to exit the Cur pack and the last in famt of me smill entry Stop. The car in faut (extended and bonged into the front of my (ar thun my Cur has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Onte & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I has going to exit the Cur pack and the last in famt of me smill entry Stop. The car in faut (extended and bonged into the front of my (ar thun my Cur has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Onte & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I has going to exit the Cur pack and the last in famt of me smill entry Stop. The car in faut (extended and bonged into the front of my (ar thun my Cur has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Onte & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I has going to exit the Cur pack and the last in famt of me smill entry Stop. The car in faut (extended and bonged into the front of my (ar thun my Cur has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Onte & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I has going to exit the Cur pack and the last in famt of me smill entry Stop. The car in faut (extended and bonged into the front of my (ar thun my Cur has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Onte & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I has going to exit the Cur pack and the Car in famt of me smolety Skop. The car in fact (2)4(5c and bonged into the front of my (ar liven my cur has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I has going to exit the Cur pack and the last in famt of me smill entry Stop. The car in faut (extended and bonged into the front of my (ar thun my Cur has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Onte & Time: (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I has going to exit the cur pack and the car in famt of me smodely shop. The car in fact (who stationary). Cut has stationary. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date & Time: (If driver is not the policyholder) Name:	DECORPT CIDCUMATANCES	THE ACCIDENT	
DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date & Time: (If driver is not the policyholder) Name:			
I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Clf driver is not the policyholder) Reporting Centre Personnel's Signature Name:		4	
I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Clf driver is not the policyholder) Reporting Centre Personnel's Signature Name:			\dashv
Policyholder's Signature Date & Time: We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Name:			\dashv
Policyholder's Signature Date & Time: We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Name:			
I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Clf driver is not the policyholder) Reporting Centre Personnel's Signature Name:			_
I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Clf driver is not the policyholder) Reporting Centre Personnel's Signature Name:			_
I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Clf driver is not the policyholder) Reporting Centre Personnel's Signature Name:			\dashv
I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Clf driver is not the policyholder) Reporting Centre Personnel's Signature Name:			
I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Clf driver is not the policyholder) Reporting Centre Personnel's Signature Name:			_
I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Clf driver is not the policyholder) Reporting Centre Personnel's Signature Name:			\dashv
I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Clf driver is not the policyholder) Reporting Centre Personnel's Signature Name:	DECLARATION	\mathcal{A}	
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:		ulars are true in every respect.	
Date & Time: (If driver is not the policyholder) Name:	The ho		
Date & Time: (If driver is not the policyholder) Name:	7/1081		
Date & Time: (If driver is not the policyholder) Name:	Policyholder's Signature		
	Date & Time:	(If driver is not the policyholder) Name: NRIC/FIN No.:	

GIARMC SketchPlanForm_V3