

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	09/09/2019 15:32
Date Of Accident	05/09/2019 17:30
Exact Location Of Accident	CTE EXIT BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8184U
Insured/Policyholder	
Name Of Registered Owner	HWA TONG ENGINEERING PTE LTD
Co Reg No	200416733C
Email Address	SINTONHA@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62943049

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO CANTER
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3039811901
Cover Note Number	

Driver

Name of Driver	CHINNIAH PANDI
Passport No/FIN	F8277410Q
Date Of Birth	21/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93705137
Fax Number	
Contact Number	
Email Address	NOEMAIL

SCENE PHOTO



HEN
E, I

SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo

