

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	30/09/2019 13:09
Date Of Accident	27/09/2019 19:40
Exact Location Of Accident	ALONG TELOK BLANGAH RD TOWARDS PASIR PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB431Z
Insured/Policyholder	
Name Of Registered Owner	FION LEK HUI LI
NRIC No	S8243597B
Email Address	FION.LEK@NHARP.COM
Mobile Phone No	(LOCAL) +65-98166679
Alternative Phone No	OFFICE-98166679

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K-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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-0007217
Cover Note Number	

Driver

Name of Driver	CHEANG WEE LEE
NRIC No	S8015002D
Date Of Birth	08/06/1980
Occupation	INDOOR
Date Of Driving Pass	16/12/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92225656
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 530 JURONG WEST STREET 52 #11-401
Postcode	640530
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	CHAIN COLLISION
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	3
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)	1

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

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAILS

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	SGQ206B
Vehicle Make/Model/Colour	KIA CERATO FORTE
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC4767J
-----------------------------	----------

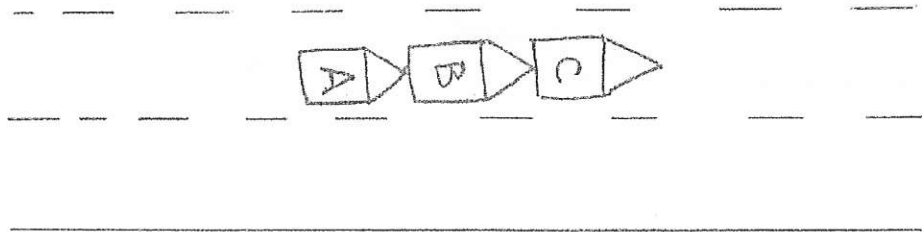
Vehicle Make/Model/Colour	SMART TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

ALONG TELOK BLANGAH RD
TOWARD PASIR PANJANG RD

VEH A : SKB431Z
VEH B : SGQ206B
VEH C : SHC476TJ



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27.9.19 at about 1940HRS, I was travelling along
Telok Blangah Road toward Pasir Panjang RD on my
vehicle A SKB431Z. Suddenly vehicle B SGQ206B
Applied E-BRAKE AS I could not stop on time my vehicle
had collided on the rear portion of vehicle B.
I came down and check and realized that it was
a chain collision. There was no injuries involved.
We took some photo and exchanged our ~~particular~~ contact number
and left the scene.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: