

## 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	07/10/2019 14:00
Date Of Accident	05/10/2019 10:35
Exact Location Of Accident	PIE(TUAS) BEFORE UNDER BEDOK NORTH FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4545G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK ALAN
NRIC No	S8804259Z
Email Address	ALANQUEKYL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98579871
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA45 AMG-2.0 (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMP CNS3028331900
Cover Note Number	

### Driver

Name of Driver	QUEK ALAN
NRIC No	S8804259Z
Date Of Birth	08/02/1988
Occupation	INDOOR
Date Of Driving Pass	14/10/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98579871
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	ALANQUEKYL@GMAIL.COM

Address	166 YISHUN RING ROAD \$03-735
Postcode	760166
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?	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

ON 5/10/2019 AT AROUND 1035HRS, I WAS TRAVELLING ALONG PIE TOWARDS TUAS DIRECTION. WHILE DRIVING ON MY LANE STRAIGHT AND THEN THE VEHICLE IN FRONT HAD STOPPED AND I STOP IN TIME AT HIS BACK BUT SUDDENLY I FELT AN IMPACT ON MY REAR. AFTER THAT I STOP MY VEHICLE AT THE SIDE OF EXPRESSWAY AND WENT DOWN TO CHECK AND FOUND THAT VEHICLE B HAD COLLIDED ONTO MY VEHICLE REAR PORTION.

#### 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

Vehicle Registration Number	SLC2001B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA JIA JIN, ALINA
NRIC/Passport Number	S9504523E
Contact Number	97579797
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	