

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 15:50
Date Of Accident	30/09/2019 08:30
Exact Location Of Accident	PIE BEFORE BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8917P
Insured/Policyholder	
Name Of Registered Owner	ECHAN STUDIO
Co Reg No	53243454D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94998324
Alternative Phone No	OFFICE-94998324

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 A/T ABS AB 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

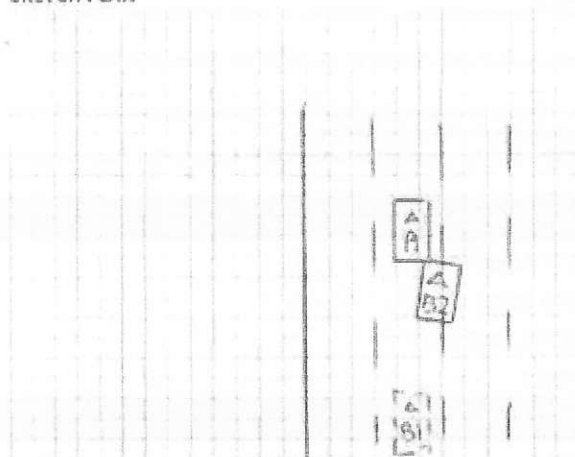
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1915501900
Cover Note Number	

Driver

Name of Driver	MOHAMED AZRIN BIN HAMID
NRIC No	S7348740D
Date Of Birth	07/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2014
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94998324
Fax Number	
Contact Number	OTHERS-94998324
Email Address	NOEMAIL

Sketch Plan #2

SKETCH PLAN



V-A) SJR8917P

V-B) GBA6530T

DIE BEFORE BKE EXIT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SJR8917P was travelling on the stated route I was travelling at a slow speed as there was another car from the left lane was cutting into my lane, he was 1/4 in my lane hence I slowed down. Suddenly I felt and impact on my vehicle rear right portion. After the accident we alighted and took photos at the scene, our cars did not move, we are in our original position when the accident happen later I then knew that vehicle 'B' was changing lane towards the right, when he turned, he did not notice I was slowing down, hence his vehicle collided against my rear right portion.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name
NIC#/IN No: