

monday
8am

NKM119143198 / Kah Motor Co Sdn Bhd - Ubi
ENTRY DATE & TIME: 29/10/2019 17:39
SUBMITTED BY: Ng Guo Ming

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 | 29/10/2019 17:39 |
| Date Of Accident | 28/10/2019 10:35 |
| Exact Location Of Accident | BUKIT BATOK EAST AVE 6 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMP498J |
| Insured/Policyholder | |
| Name Of Registered Owner | HE YINGJIE |
| NRIC No | S7263035A |
| Email Address | GLCCHYJ@YMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91796989 |
| Alternative Phone No | OFFICE-91796989 |

Vehicle Particulars

| | |
|--------------|--------------|
| Manufacturer | HONDA |
| Model | JAZZ-1.3 (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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | HE YINGJIE |
| NRIC No | S7263035A |
| Date Of Birth | 16/11/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/10/2011 |
| Driving Experience | 8 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91796989 |
| Fax Number | |
| Contact Number | OFFICE-91796989 |
| EMail Address | GLCCHYJ@YMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 112 BUKIT BATOK WEST AVE 6 |
| 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

| | |
|--------------------|--------------------------|
| 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) | 2 |
| Passenger 1 | NAME: : MA QIN GENDER: : FEMALE |

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

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 |

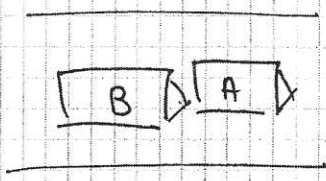
DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | GBF859T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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

Vehicle Number: _____

SKETCH PLAN



A = SMP 498T
B = GBF 859T.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In Front of the Taxi suddenly stop and I able to stop on time.

Vehicle number GBF 859T unable to stop and hit on my rear.

DECLARATION

I/We declare 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: _____
NRIC/FIN No.: _____