

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	13/11/2019 11:29
Date Of Accident	13/11/2019 08:50
Exact Location Of Accident	SIMEI RISE OUTSIDE SAVANNAH CONDOPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7823U
Insured/Policyholder	
Name Of Registered Owner	ANTONIE LEE CHEE THIONG
NRIC No	S1588840G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98503942
Alternative Phone No	OFFICE-98503942

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G CVT (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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05018834
Cover Note Number	

Driver

Name of Driver	TOH AH TIN ANGELINA
NRIC No	S1764808Z
Date Of Birth	22/08/1966
Occupation	INDOOR
Date Of Driving Pass	18/09/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98803462
Fax Number	
Contact Number	
Email Address	ANGELTAT@SINGNET.COM.SG

Address 61 SIMEI RISE #02-63
 Postcode 528794
 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 COLLISION - MAJOR/MINOR RD
 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) 3
 Passenger 1
 NAME: : LAU XIN AN
 GENDER: : MALE
 Passenger 2
 NAME: : ANNA DORCAS LIM ERN HUI
 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

PLEASE REFER TO SKETCH PLAN

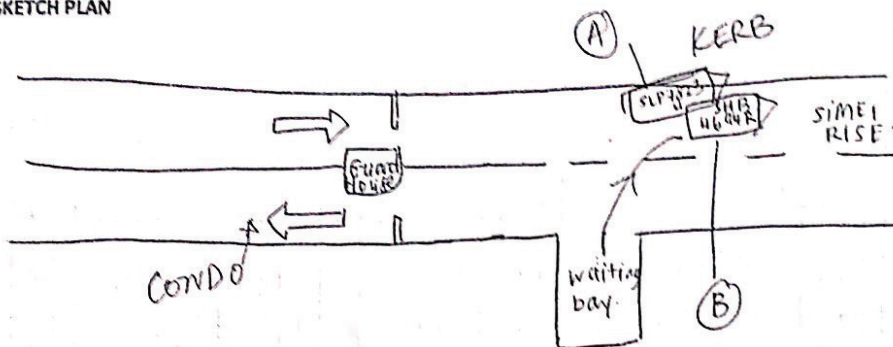
Attachment(s)

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 SHB4694R
 Vehicle Make/Model/Colour HYUNDAI
 Details Of Properties YELLOW
 Vehicle Category TAXI
 Name of Driver QUAH BOON HONG
 NRIC/Passport Number S1306114I
 Contact Number 97655317
 Address
 Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out of my condominium compound, and slowed down as the car was crossing a hump and barrier at the security gantry. Just as I exited the condominium, there was a sudden impact on the right (driver's) side of the car, and I saw that the taxi had collided into my car. The impact of the collision caused my car to mount the curb.

It appeared that the taxi driver was exiting from a waiting bay that was ~~perpendicular~~ perpendicular to the condominium's exit. The taxi was making a right turn on to Simeirise, as the condo is situated at the end of the road.

I will like to emphasize that I was driving at a slow speed at all times as this ~~was~~ is a small side road, and I had to slow down to cross the hump and wait for the barrier to lift for me to exit the condominium.

The physical ^{external} damage to my car that was immediately present at the point of accident was my right bumper damage, right light damage, left ~~front~~ wheel rim damage (due to mounting the curb). No physical injuries to myself or the passengers were immediately observed.

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

