

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 | 25/11/2019 10:46 |
| Date Of Accident | 22/11/2019 10:30 |
| Exact Location Of Accident | ALONG CHANGI RD EAST |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLT6017R |
| Insured/Policyholder | |
| Name Of Registered Owner | NG OH TEE |
| NRIC No | S0979244I |
| Email Address | CHIETLOON@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96150933 |
| Alternative Phone No | OFFICE-NOPHONE |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | PRIUS-1.8 (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 | REPORTING ONLY |
| 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 | DMPCSN3069861901 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | NG OH TEE |
| NRIC No | S0979244I |
| Date Of Birth | 25/05/1950 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/09/1976 |
| Driving Experience | 43 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96150933 |
| Fax Number | |
| Contact Number | OFFICE-NOPHONE |
| EMail Address | CHIETLOON@HOTMAIL.COM |

Sketch Plan Pg. 2

SKETCH PLAN

A-SLT6017R

B-SML5438X

Opp. Chang. Rd. East

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to circumstances

DECLARATION

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

Policyholder's Signature
Date & Time:

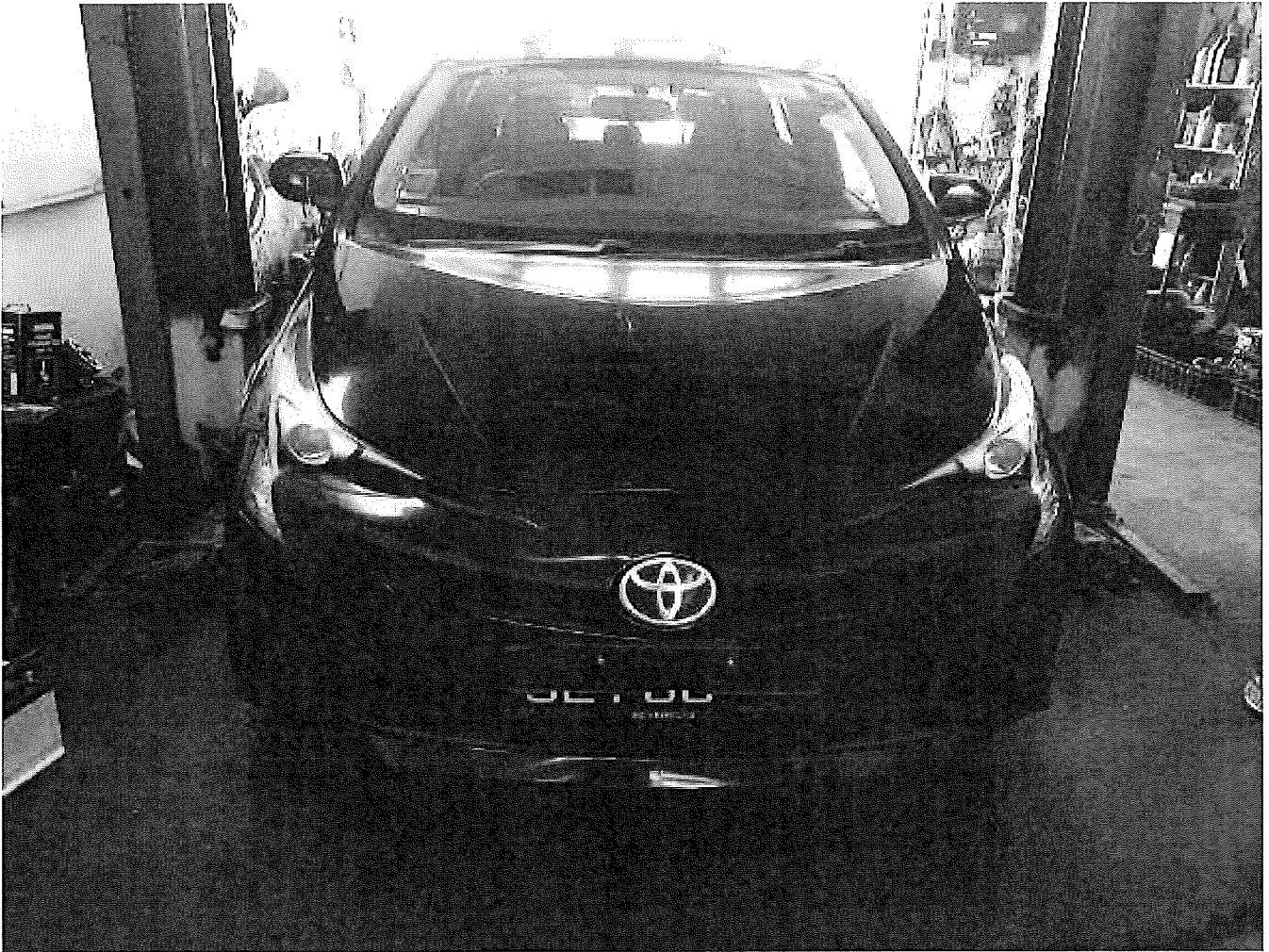
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

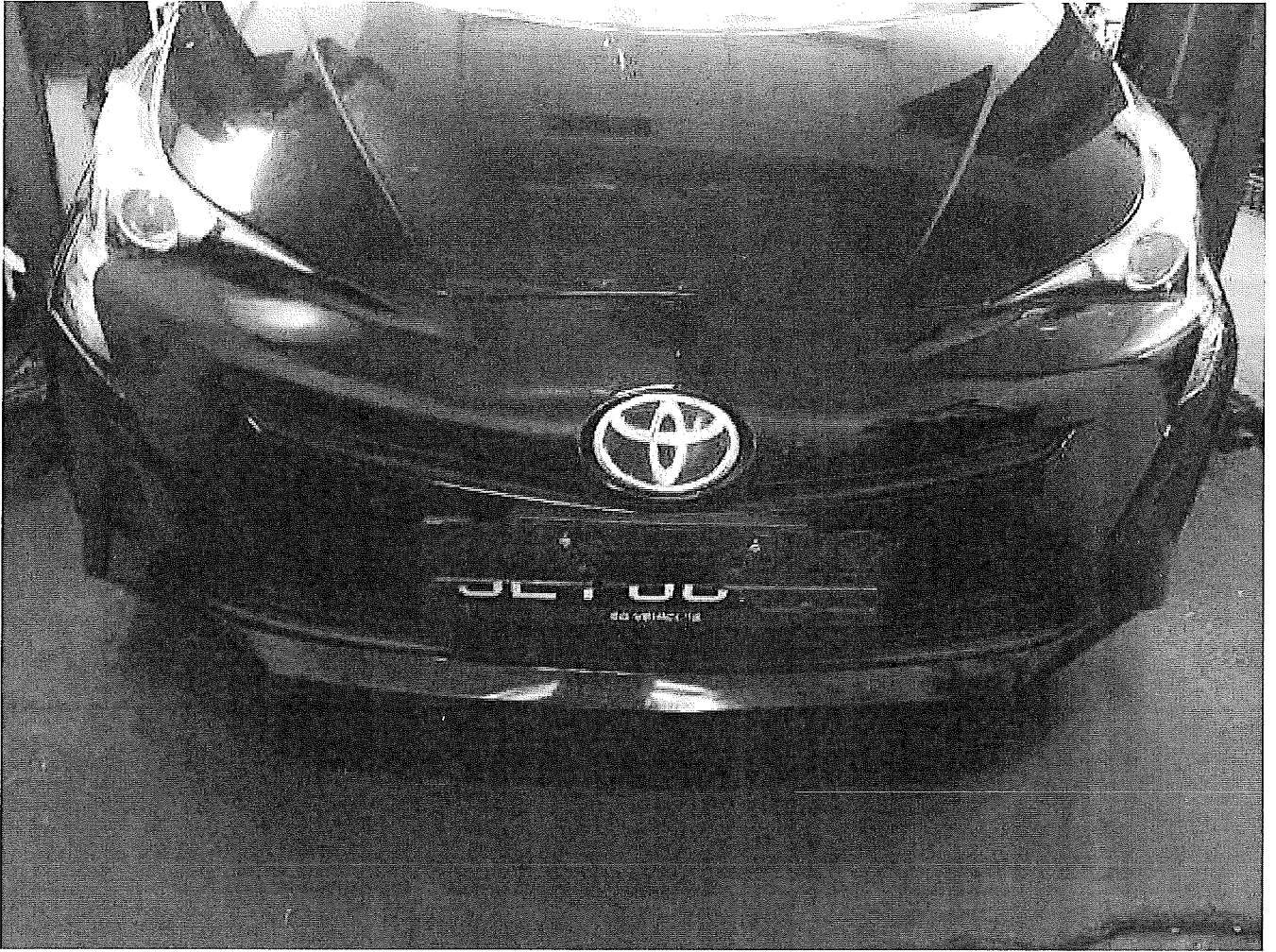
☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☒ For record purpose

Policy No. DM PCSN 3069861901
Insurer Ching Veh. No. SLT6017R

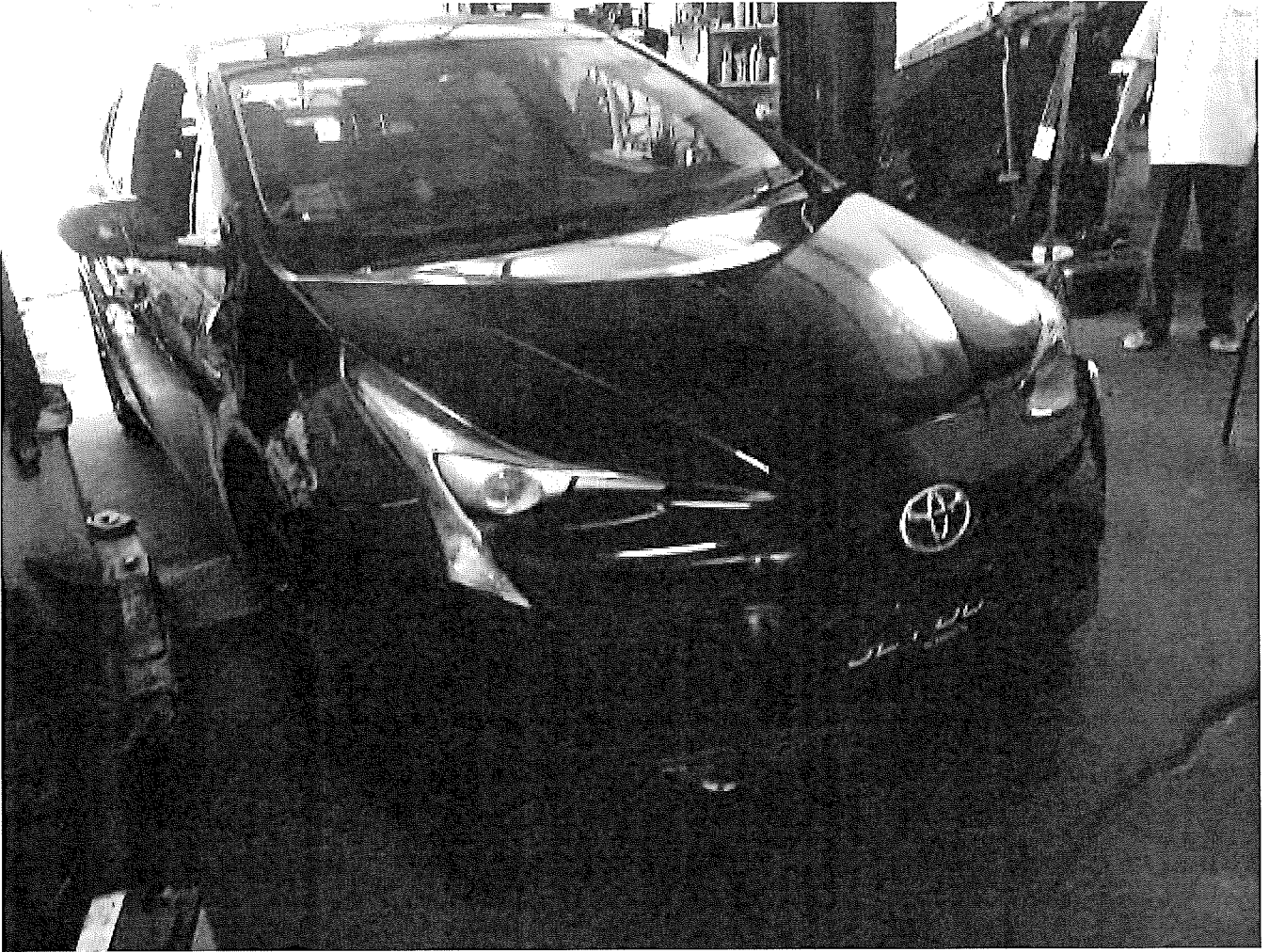
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

