

## 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	27/11/2019 15:49
Date Of Accident	23/11/2019 15:50
Exact Location Of Accident	AMK ST 22 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6900G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M&T COURIER SERVICE
Co Reg No	53002710X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMPCSN3074861800
Cover Note Number	

### Driver

Name of Driver	ANDY NG LAI SHUN
NRIC No	S9303616F
Date Of Birth	02/02/1993
Occupation	INDOOR
Date Of Driving Pass	22/08/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93872070
Fax Number	
Contact Number	OFFICE-93872070
Email Address	NOEMAIL

Address	BLK 210 ANG MO KIO AVENUE 3 #03-1604
Postcode	560210
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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: : TEO SZE CHI WENDY 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 STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH4153T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name ANDY NG LAI SHUN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLQ6900G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name TEO SZE CHI WENDY

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLQ6900G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

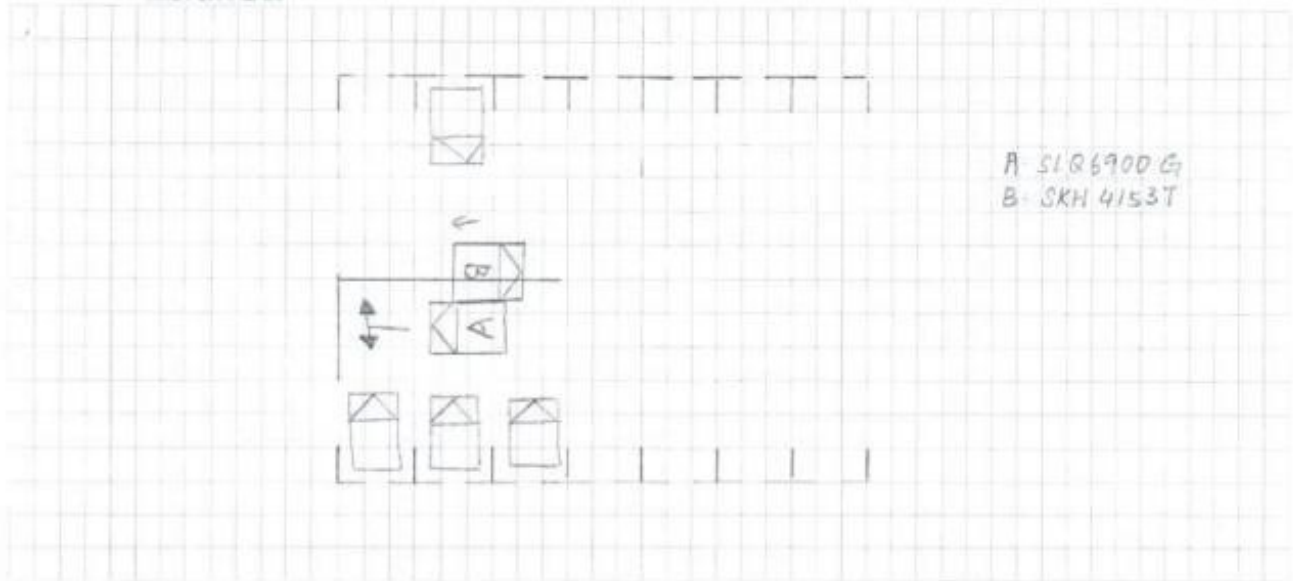
Postcode

### SKETCH PLAN

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- 8) **Consent under the Personal Data Protection Act (PDPA)**

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along open space carpark of Ang Mo Kio Street 22. While travelling straight, I saw vehicle B stopped without signalling so I overtake vehicle B slowly. Out of sudden, vehicle B reverse and collided onto my rear right portion of my vehicle.

### DECLARATION

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



Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
NRIC/FIN No.:

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo





Accident Photo





Accident Photo

