

## 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	02/12/2019 17:54
Date Of Accident	02/12/2019 07:55
Exact Location Of Accident	FILTER LANE OF CLEMENTI WEST AVE 2 TOWARDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7099P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN GEOK HOON
NRIC No	S1188182C
Email Address	GEOKHOON1711@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92344100
Alternative Phone No	OFFICE-96220688

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 (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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	ANG CHOON HOAT
NRIC No	S0162161J
Date Of Birth	28/03/1953
Occupation	INDOOR
Date Of Driving Pass	23/11/1973
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92344100
Fax Number	
Contact Number	OFFICE-96220688
EMail Address	GEOKHOON1711@GMAIL.COM

Address	41 JURONG EAST AVENUE 1
Postcode	
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 - 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)	1

#### 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)

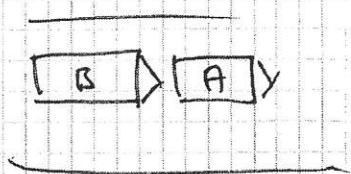
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ5138C
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)	

Vehicle Number: \_\_\_\_\_

## SKETCH PLAN



A- SME 7099P

B- ABJ 5138 C.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I drove my car along the gutter lane of Clementi West Ave 2 before hitting AYC towards AYC Surong, I stop my car completely to let a bus on my right to pass.

Suddenly I heard a loud noise and my car was shaking. I recovered from my shock and realised that someone has knocked on my car. It was a lorry carrying many foreign workers did not manage to stop in time and bank onto me.

## DECLARATION

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

\*

Policyholder's Signature

Date &amp; Time:

Driver's Signature  
(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: