

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 16:53
 Date Of Accident 02/12/2019 10:30
 Exact Location Of Accident CLEMENTI RD SLIP RD TO AYE(TUAS)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW2287Y
 Insured/Policyholder
 Name Of Registered Owner HENG GUEK PENG
 NRIC No S0215213D
 Email Address GEN396@GMAIL.COM
 Mobile Phone No (LOCAL) +65-97261320
 Alternative Phone No Office-NOPHONE

Vehicle Particulars

Manufacturer MITSUBISHI
 Model FB511BOJSRDE-2.8 D (M)

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number 19-MB003388-R10
 Cover Note Number

Driver

Name of Driver HENG GUEK PENG
 NRIC No S0215213D
 Date Of Birth 26/07/1954
 Occupation OUTDOOR
 Date Of Driving Pass 12/10/1974
 Driving Experience 45 YEARS AND 1 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-97261320
 Fax Number
 Contact Number OFFICE-NOPHONE
 Email Address GEN396@GMAIL.COM
 Address 907 JURONG WEST ST 91 #08-197
 Postcode 640907

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)	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 SKETCH PLAN

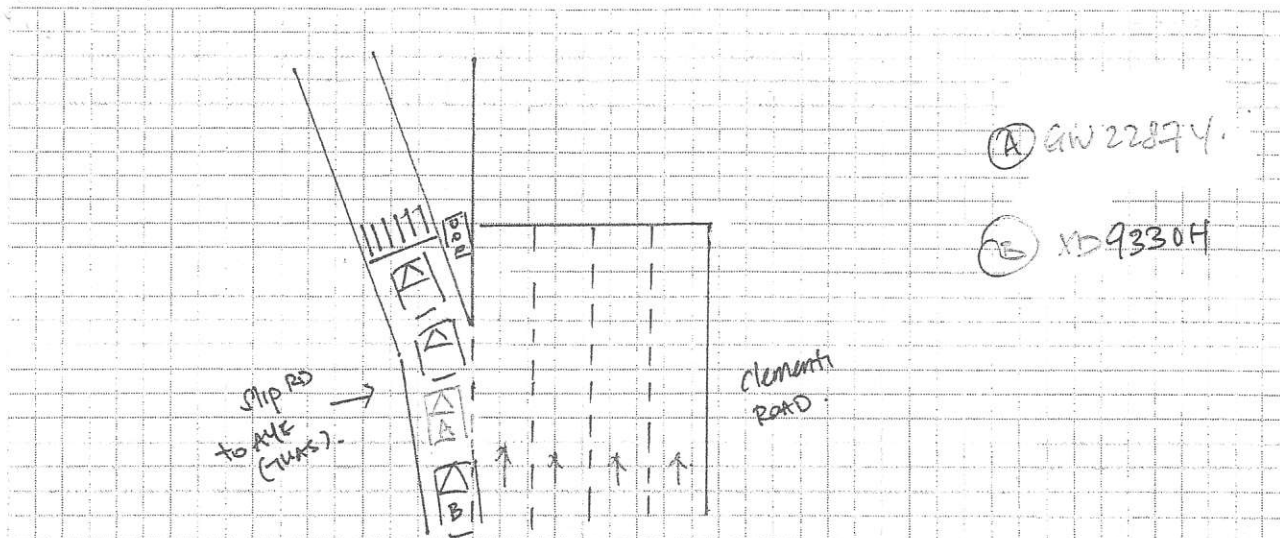
Attachment(s)

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	XD9330H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	97261326
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/12/19 @ around 1030 hrs, I was travelling along to Clementi Road to A/E (Mars).

While at the slip RD there is a zebra crossing ahead & I stopped as there are 2 vehicles before had stopped for pedestrian to cross the road. But however suddenly I felt an impact on my rear then I went down to check & found that vehicle B had collided onto my rear portion.

☐ Claim own policy

☐ Claim third party

☒ Claim OD ATP at other works hop Ryder Info.

☐ For record purpose

Policy No. 19-MP003368-PI0.

Insurer WECO Veh. No. GW22874

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.: