

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	06/01/2020 15:27
Date Of Accident	05/01/2020 20:10
Exact Location Of Accident	SPC SENGKANG EAST WAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMP3605Y
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	2XXXXX055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97366630
Vehicle Particulars	
Manufacturer	RENAULT
Model	GRAND SCENIC IV-1.5 DCI EU6 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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 HIRE
Insurance Company	
Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M0014862
Cover Note Number	26.12.2019 TO 25.12.2020
Driver	
Name of Driver	YANG BOON CHONG
NRIC No	SXXXX037I
Date Of Birth	19/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1979
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82232714
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 631 CHOA CHU KANG NORTH 6 #03-229
Postcode	680631
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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

On 05.01.2020 at about 2010hrs, I was driving in my vehicle (A: SMP3605Y) along SPC Sengkang East Way. While I was travelling straight, a vehicle (B: SLZ4828Z) which was queuing on my left suddenly came out from the queue without checking and hit onto left rear portion of my vehicle. Vehicle A (SMP3605Y): No passenger on board. Vehicle B (SLZ4828Z): No passenger on board.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

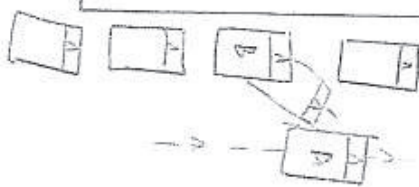
Vehicle Registration Number	SLZ4828Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

1

Sketch Plan Pg. 2

SKETCH PLAN



A: SMP 3605Y

B: 8L348282

SPC Sengkang East Way.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to AIA Report.

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: 6-1-2020
1.10 PM

Reporting Officer's Signature
Date & Time: 9.05B.