

## 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	22/02/2020 12:47
Date Of Accident	21/02/2020 16:40
Exact Location Of Accident	CANTONMENT ROAD TOWARDS KEPPEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8823P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO LAY KIM
NRIC No	SXXXX555C
Email Address	JANETTEO@TEOSS.ORG
Mobile Phone No	(LOCAL) +65-96936228
Alternative Phone No	OFFICE-96936228

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.5 AUTO
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/20/VP00/105797
Cover Note Number	

### Driver

Name of Driver	TEO LAY KIM
NRIC No	SXXXX555C
Date Of Birth	28/10/1960
Occupation	INDOOR
Date Of Driving Pass	10/05/1990
Driving Experience	29 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96936228
Fax Number	
Contact Number	OFFICE-96936228
Email Address	JANETTEO@TEOSS.ORG

Address	350 WEST COAST ROAD
Postcode	127426
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

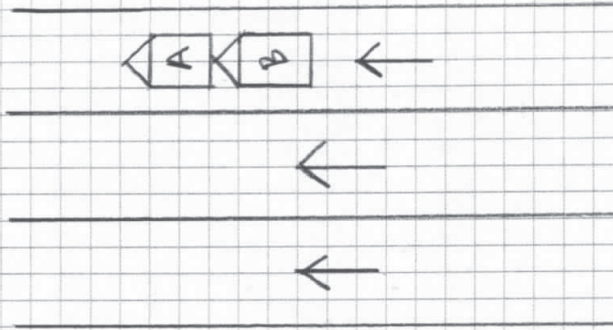
REFER TO ATTACHED SKETCH PLAN.

#### 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	SH8774E (India)
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KUNG KWOK CHEE
NRIC/Passport Number	SXXXX326D
Contact Number	98588208
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



A-SLK8823P  
B-SH8774E

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

on 21/2/20, @ about 16:40 hrs, my vehicle was travelling along cantonment  
down  
Road, vehicle in front slowed, I also slowed down my vehicle, when  
suddenly, vehicle B, SH8774E nit into my vehicle's rear.

**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.:

22/2/20