### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	31/03/2020 17:16
Date Of Accident	28/03/2020 09:30
Exact Location Of Accident	BLK 125/126/131 TOA PAYOH MARKET CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA5555J

Insured/Policyholder

Name Of Registered Owner MILLIE LENG MI LIN

NRIC No SXXXX155C

Email AddressPBLENG@YAHOO.COM.SGMobile Phone No(LOCAL) +65-90613201Alternative Phone NoOFFICE-90613201

Vehicle Particulars

Manufacturer BMW

Model 640I GRAN COUPE 4DR SR LED DSC NAV HUD

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 ETIQA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number MA007662

Cover Note Number

**Driver** 

Name of Driver MILLIE LENG MI LIN

NRIC No SXXXX155C
Date Of Birth 01/04/1974
Occupation OUTDOOR
Date Of Driving Pass 30/08/1994

Driving Experience 25 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90613201

Fax Number

Contact Number OFFICE-90613201

EMail Address PBLENG@YAHOO.COM.SG

Address 107 BUKIT WAY

Postcode 587785

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 -

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Insurance Company of Driver's Own Vehicle -

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#### **General Information of the Accident**

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

0

**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? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJF950H

Vehicle Make/Model/Colour MAZDA CX9

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver GOH YONG HNG

NRIC/Passport Number SXXXX601H

Contact Number 97633168

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the market carpark of Teo Payon Corong 2
near BK 125/126/13/ on the 28th March morning
near BK 125/126/131 on the 28th March morning aday later I found a name card from Mr
got he left on my windscreen as he has
sciatched my car and has asked me to confight
him. I discovered his name card only when my
helper and I was deaning the ear the
following day. According to Mr gon he was turning left to go out and he scratch my bumper on right and light panel.  He has asked me to claim insurans for
turning left to go out and he scratch my
bumper on right and light panel.
He has asked me to claim insurans for
damaer.
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# **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.: