

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	15/04/2020 23:14
Date Of Accident	14/04/2020 13:50
Exact Location Of Accident	TAMPINES MALL BASEMENT 2 IN FRONT OF LOT 288
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5146Y
Insured/Policyholder	
Name Of Registered Owner	SHADELINA
NRIC No	SXXXX562G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81188573
Alternative Phone No	OFFICE-81188573

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 2.0L MIVEC GLS 6-CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00006786
Cover Note Number	

Driver

Name of Driver	MOHAMAD RIDUAN BIN MOHAMED AMIN
NRIC No	SXXXX249I
Date Of Birth	17/03/1973
Occupation	INDOOR
Date Of Driving Pass	19/02/1998
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81188573
Fax Number	
Contact Number	
Email Address	AMIN_RIDUAN@YAHOO.COM

CONTACT

TRUMPETS MALL 62

REFER TO ATTACHED STATEMENT.

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: