

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	22/05/2020 14:57
Date Of Accident	21/05/2020 17:10
Exact Location Of Accident	T-JUNCTION OF SEMBAWANG DR & ADMIRALTY DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC2594E
Insured/Policyholder	
Name Of Registered Owner	ABDUL HAMID BIN MOHAMED
NRIC No	SXXXX295B
Email Address	HAMIDAINON266@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91288127
Alternative Phone No	OTHERS-91288127

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ20-000451
Cover Note Number	04/02/2020 - 03/02/2021

Driver

Name of Driver	ABDUL HAMID BIN MOHAMED
NRIC No	SXXXX295B
Date Of Birth	24/05/1961
Occupation	INDOOR
Date Of Driving Pass	04/05/2013
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91288127
Fax Number	
Contact Number	
EMail Address	HAMIDAINON266@YAHOO.COM.SG

Address BLK 756 YISHUN ST.22 #07-266
 Postcode 760756
 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?
 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) 4
 Passenger 1
 NAME: : SITI AINON BTE SAROAN (WIFE)
 GENDER: : FEMALE
 Passenger 2
 NAME: : GRANDDAUGHTER
 GENDER: : FEMALE
 Passenger 3
 NAME: : GRANDSON
 GENDER: : MALE

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

I made a right towards Admiralty Dr but stop to give way for pedestrian crossing the road. Out of sudden I felt an impact from behind and realised m/taxi SHC3566D had collided onto the rear of my car. The said driver admitted fault and advised me to claim against his insurance. No one was injured.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

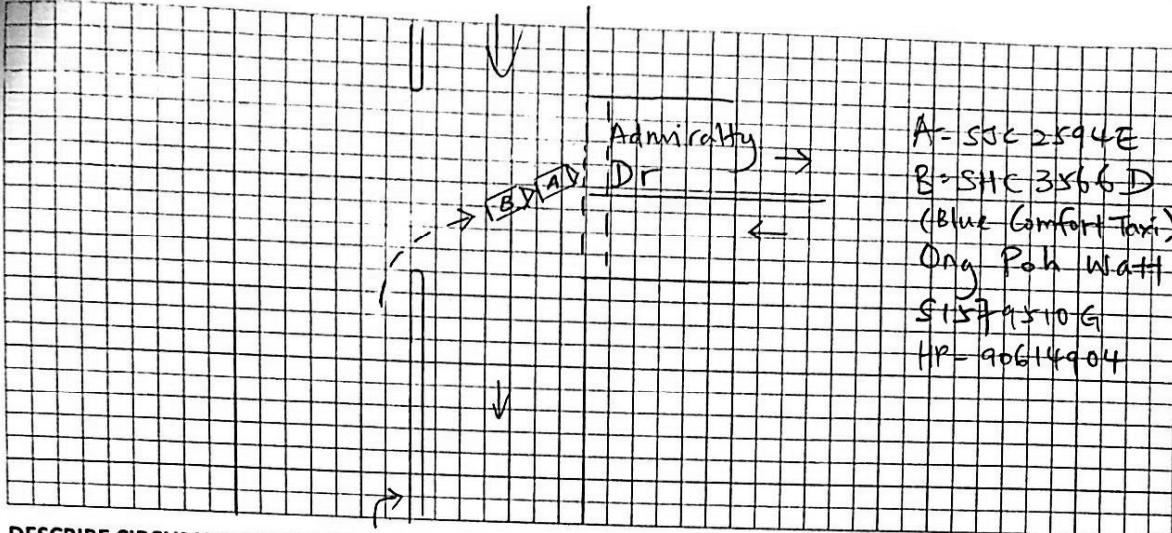
Details of Witness 1

Name SITI AINON BTE SAROAN
 Phone Number 96690841
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3566D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Sembawang Dr


I made a right turn towards Admiralty Dr but stop to give way for pedestrian crossing the road. Out of sudden I felt an impact from behind and realised my taxi SHC 3566D had collided onto the rear of my car. The said driver admitted his fault and advised me to claim against his insurance. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.: 45-22/5/20

GIARMC SketchPlanForm_V3 Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop ()