

## 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	26/05/2020 12:02
Date Of Accident	23/05/2020 12:10
Exact Location Of Accident	BLK 588 PARK CENTRAL ANG MO KIO STREET 52
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM6589E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK WAI TENG
NRIC No	SXXXX904F
Email Address	BHKOK2013@YAHOO.COM
Mobile Phone No	(FOREIGN) 61-4148484
Alternative Phone No	OTHERS-85713798

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-2.0 PREMIUM (A)
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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP311940
Cover Note Number	

### Driver

Name of Driver	KOK BOON HENG
NRIC No	SXXXX881E
Date Of Birth	29/03/1947
Occupation	INDOOR
Date Of Driving Pass	20/05/1965
Driving Experience	55 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-85713798
Fax Number	
Contact Number	
EMail Address	BHKOK2013@YAHOO.COM

Address 21 SELETAR RD, #05-48, SINGAPORE 807021  
Postcode  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured PARENT  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident CHAIN COLLISION  
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) 2  
Passenger 1  
NAME: : LOO CHING FANG  
GENDER: : FEMALE

#### 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 WAS DRIVING INTO THE BLK 588, STREET 52 ANG MO KIO CAR PARK. JUST TURNED LEFT ALL OF A SUDDEN GOODS VAN, GBJ7373B CAME OUT AT HIGH SPEED ON MY RIGHT HAND SIDE. IMMEDIATELY I PUT ON MY BRAKES, BUT TOO LATE, AND I KNOCKED INTO THE GOODS VAN, GBJ7373B LEFT SIDE, IN FRONT OF LEFT DOOR DAMAGES AS SHOWN ON PHOTOS TAKEN. VEHICLE A = SKM6589E SUFFERED RIGHT SIDE LAMP AND SIGNAL NOT WORKING INCLUDING BUMPER. VEHICLE B = GBJ7373B SUFFERED LEFT SIDE PANEL, JUST IN FRONT OF LEFT DOOR

#### Attachment(s)

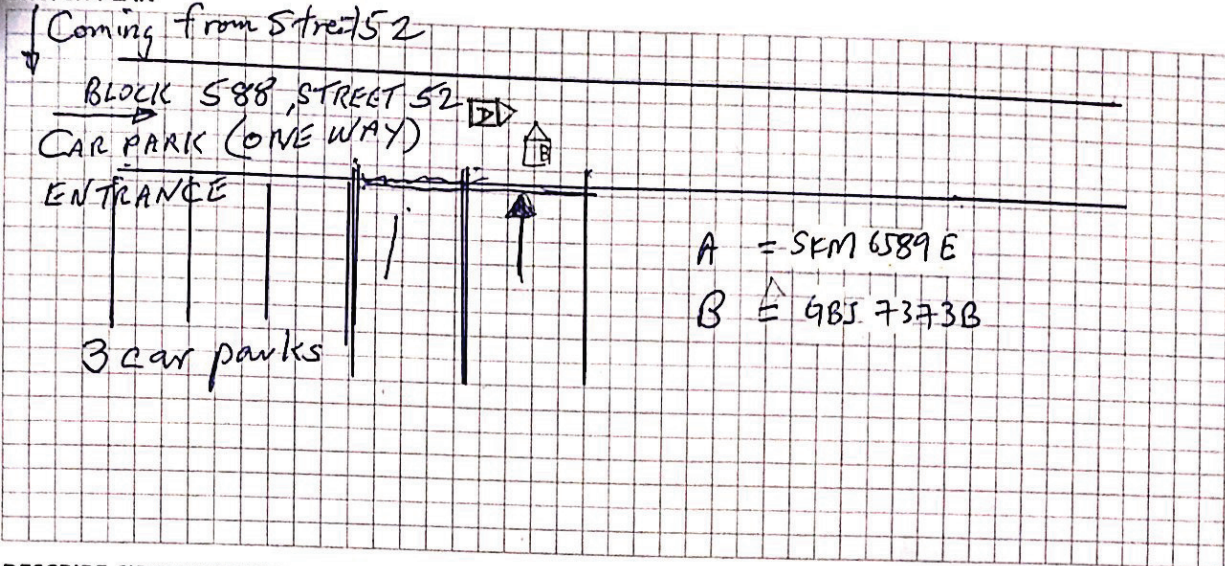
Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ7373B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category GOODS VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number 97950033  
Address  
Postcode



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING INTO THE BLOCK 588, STREET 52 AND MO KID CAR PARK, JUST TURNED LEFT, ALL OF A SUDDEN GOODS VAN, GBJ 7373B, CAME OUT AT HIGH SPEED, ON MY RIGHT HAND SIDE. IMMEDIATELY I PUT ON MY BRAKES, BUT TOO LATE, AND I KNOCKED INTO THE GOODS VAN, GBJ 7373B LEFT SIDE, IN FRONT OF LEFT DOOR. DAMAGES AS SHOWN ON PHOTOS TAKEN. VEHICLE A = SKM 6589E SUFFERED RIGHT SIDE LAMP AND SIGNAL NOT WORKING, INCLUDING BUMPER. VEHICLE B = GBJ 7373B SUFFERED LEFT SIDE PANEL, JUST IN FRONT OF LEFT DOOR.

## 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: 26/05/2020  
09:54am

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