

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 Authorized 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 afterwards.

ACCIDENT STATEMENT

Date Of Report 22/04/2020 11:54
Date Of Accident 21/04/2020 10:40
Exact Location Of Accident ANG MO KIO INDUSTRIAL PARK 2A
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBR7M
Insured/Policyholder
Name Of Registered Owner TAN CHEE HOCK ROLAND
NRIC No SXXXX437E
Email Address ACCOUNT@MATSON.COM.SG
Mobile Phone No (LOCAL) +65-96281633
Alternative Phone No OTHERS-96281633

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model E220
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 DMPPHQ20-001002
Cover Note Number 28/02/2020 - 27/02/2021

Driver

Name of Driver JANE TAN LEE KIANG (JANE CHEN LIJUAN)
NRIC No SXXXX855J
Date Of Birth 05/01/1974
Occupation INDOOR
Date Of Driving Pass 28/03/1995
Driving Experience 25 YEARS AND 0 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-96683356
Fax Number
Contact Number
Email Address ACCOUNT@MATSON.COM.SG

Address: 157 FOXHALL RD WEST #4-16
 Postcode: S4665E
 Was driver an employee of the insured's Company? NO
 If Yes, Relationship of the Driver with the insured: SELLING
 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: COLLISION - CHANGED CROSS LANE
 Weather Conditions: CLEAR
 Road Surface: DRY

Other Information

Was any foreign vehicle involved in the accident? NO
 Number of vehicles (including own vehicle) involved in the accident: 2
 Was any cargo involved in the Accident? NO
 Was any vehicle conveyed or transported by air/seawater? NO
 Was any other material or property damaged? YES
 Have I been approached by unknown person(s) soliciting offering accident claim 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 STATEMENT

Attachment(s)

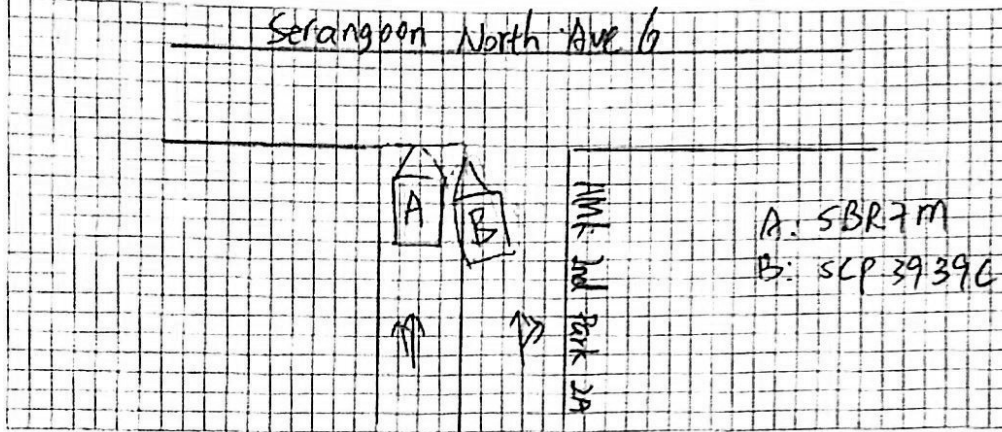
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Forensic Evidence: WITH OWN WORKSHOP
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number: SGP666C
 Vehicle Make/Model/Colour:
 Detail of Property:
 Vehicle Category: PRIVATE CAR
 Name of Driver: GCH
 NRIC/Passport Number:
 Contact Number: 86557206
 Address:
 Postcode:
 Insurance Company Name:
 Nature of Damage:
 No. of Passenger (including Driver):

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SBR7M (EQ)

while I stopped to check on the traffic before I turn left, the car, SCP3939C, hit my car on my right when it intended to turn left too, but that is a right turn only lane.

Will repair and claim at Chew Goon motor.

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: *(Signature)*
NRIC/FIN No.:

IS ARBIC Sketch Plan Form V3