

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 30/06/2020 10:19
Date Of Accident 29/06/2020 19:40
Exact Location Of Accident ALONG LOR KILAT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME8001P
Insured/Policyholder
Name Of Registered Owner KOH JIA HAO, ERIC
NRIC No SXXXX019B
Email Address ERICMETALS@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-92305713
Alternative Phone No OFFICE-92305713

Vehicle Particulars

Manufacturer TOYOTA
Model PRIUS PLUS (AUTO)
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 HIRE

Insurance Company

Name of Insurance Company FWD SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number
Cover Note Number

Driver

Name of Driver KOH JIA HAO, ERIC
NRIC No SXXXX019B
Date Of Birth 03/10/1994
Occupation OUTDOOR
Date Of Driving Pass 15/04/2016
Driving Experience 4 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-92305713
Fax Number
Contact Number OFFICE-92305713
Email Address ERICMETALS@HOTMAIL.COM

Address 12 WOODSVILLE CLOSE
 #08-01
 Postcode 357768
 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 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 SKETCH PLAN.

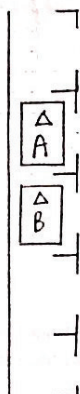
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGU3177K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver AYLA MARK SHU'EN
 NRIC/Passport Number SXXXX409A
 Contact Number 81184939
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN



A: SME8001P

B: SGU3177K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29th June 2020, at around 19:40 hours, my vehicle was parked at the roadside carpark lot along Lor Kilat. I was not in my car, but when I went back to my car, I realised that my vehicle bumper was hit by another car. The driver of the vehicle SGU3177K left a note that she admitted her fault.

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.:

