

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please print correctly the details of the accident in accord to the above format.
2. This form must be completed by the POLICYHOLDER, AND/OR THE AUTHORIZED DRIVER.
3. Information provided must be as TRUE, ACCURATE and COMPLETE as possible. Any valid information or withholding of material facts may allow insurance companies to rescind 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 claimant to the General Insurance Association of Singapore (GIAS) for settling and the claims of this report will, to a large extent, be made available upon application by interested parties.
7. In the event of any dispute, the report is the property of the insurers, and hereby consent to the copying of this report and its contents of the report being made available to them.

ACCIDENT STATEMENT

Date Of Report 30/03/2020 17:42
Date Of Accident 27/03/2020 13:35
Exact Location Of Accident BLACKMOORE DRIVE
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC888888

Insured/Policyholder

Name Of Registered Owner CHAN GHEE SENG ALAN
NRIC No SXXXX251G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-90117195
Alternative Phone No OFFICE-90117195

Vehicle Particulars

Manufacturer BMW
Model X3-2.0 XDRIVE20i (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

Vehicle Category THIRD PARTY
PRIVATE CAR

Insurance Company

Name of Insurance Company QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 8-V0023206-MVA
Cover Note Number

Driver

Name of Driver CHONG YUEN JEAN
NRIC No SXXXX035G
Date Of Birth 25/05/1970
Occupation INDOOR
Date Of Driving Pass 17/05/1999
Driving Experience 20 YEARS AND 10 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-90117195
Fax Number
Contact Number
Email Address NOEMAIL

Address 3E BRIGHT HILL CRESCENT
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
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?
Was any other material or property damaged? NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes Please state which Police Station
Police Station Name
Police Station Address
Police Station Contact
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

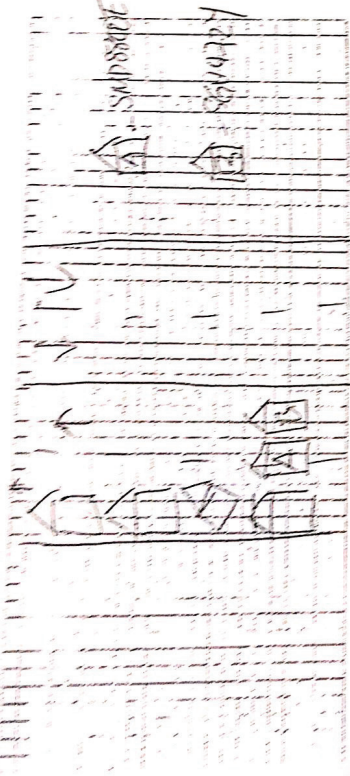
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGV472Y
Vehicle Make/Model/Colour LEXUS
Details Of Properties
Vehicle Category PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was school pick up time, there were many cars stopping by the side of the road waiting to pick up the students. I was waiting for a car who was exiting its parking spot at the side of the road when another car speeded past me and swiped my side view mirror with a banging sound. The car then slowed down after realising but proceeded to drive off without exchanging contact or information. I have video footage of the car speeding by. The said car is a silver Lexus car plate number SGV472Y.

DECLARATION

(We declare that 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/ID No.: