

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	15/09/2020 13:04
Date Of Accident	14/09/2020 10:40
Exact Location Of Accident	BEDOK MALL BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX3788G
Insured/Policyholder	
Name Of Registered Owner	VEGETALK FOOD SUPPLIES PTE LTD
Co Reg No	2XXXXX979D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67957626

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNW00026112006
Cover Note Number	

Driver

Name of Driver	KEE CHYE ONG
NRIC No	SXXXX874B
Date Of Birth	10/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1979
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90073175
Fax Number	
Contact Number	OFFICE-90073175
EEmail Address	NOEMAIL

Address	BLK 273 PASIR RIS STREET 21 #04-494
Postcode	510273
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ1911M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Accident Sketch Plan

SKETCH PLAN

	<p style="text-align: right;">A: GX3788G B: GBJ1911m</p> <p style="text-align: center;">Basement Carpark Level 2, B2 Lot 40 Bedok Mall</p>
--	--

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at the Basement Carpark Level 2 Bedok Mall.

at behind vehicle B

I was stopped and stationary as vehicle "B" made reverse parking without signal.

Suddenly, I felt an impact.

Vehicle "B" reversed parking without checking behind and collided onto the front right portion of my vehicle and caused damages.

Kee

DECLARATION

✓ We declare the foregoing particulars are true in every respect.

Kee

Policyholder's Signature
Date & Time:

Kee

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Jh

Reporting Centre Personnel's Signature
Name:
NIC/FIN No:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

