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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

Date Of Accident Exact Location Of Accident SIGLAP ROAD Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No Carrental Address Mobile Phone No Office-64817221 Vehicle Particulars Monufacturer Model Exact Purpose for which vehicle was being used at time of accident Vehicle Category Private Car Vehicle Category Private Car Vehicle Category Private Car Insurance Company Vehicle Particulars Model Corerage Vehicle Particulars Monufacturer Model 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? Insurance Company Vehicle Category China TaiPining Insurance (SINGAPORE) PTE. LTD. COMPREHENSIVE YES Policy Number Domiver Value of Driver Venice		ACCIDENT STATEMENT
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Page 1 of 12

Address 11 LORONG SIGLAP Postcode 456805 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured PAID DRIVER Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle **General Information of the Accident** COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident I was driving along Siglap Road, i stopped my vehicle due to congestion infront. Suddenly Car B (SLQ6594G) hit the rear of my vehicle. Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES NIL Remarks/ Reasons: NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SLQ6594G Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** Vehicle Category PRIVATE CAR Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Sketch Plan Pg. 2

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