

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 07/11/2020 14:27
Date Of Accident 06/11/2020 13:35
Exact Location Of Accident CTE (AYE) BEFORE AMK AVE 1 EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC1890B
Insured/Policyholder
Name Of Registered Owner NIMIC FAR EAST PTE LTD
Co Reg No 2XXXXX224D
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97834819
Alternative Phone No OFFICE-97834819

Vehicle Particulars

Manufacturer CITROEN
Model BERLINGO 1.6L MT AB 2WD 6DR TC
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 LONPAC INSURANCE BHD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number Z/20/VC00/107494
Cover Note Number

Driver

Name of Driver SOON CHIN YEE
NRIC No SXXXX939E
Date Of Birth 30/07/1955
Occupation OUTDOOR
Date Of Driving Pass 03/01/1979
Driving Experience 41 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97834819
Fax Number
Contact Number OFFICE-97834819
Email Address NOEMAIL

Address

BLK 221 ANG MO KIO AVENUE 1
#07-751

Postcode

560221

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

CHAIN COLLISION

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

3

Was any body injured in the Accident?

YES

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)

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

GBE7377S

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJS6757S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON

Name

SOON CHIN YEE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBC1890B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

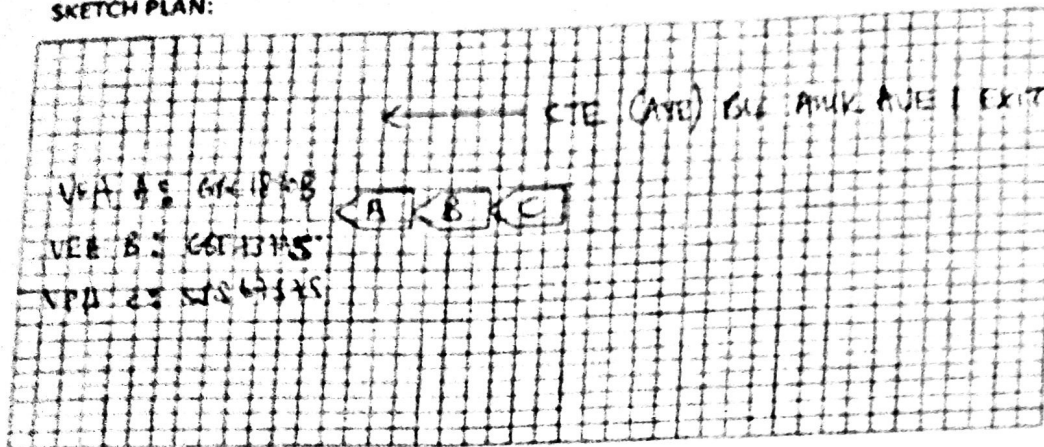
NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CTE (AYE) B4 AMK AVE 1 EXIT. VEHICLE AHEAD SLOWED DOWN AND STOPPED I FOLLOWED SUIT. MOMENTS LATER WHILE MY VEHICLE WAS STILL STATIONARY, VEH B REAR-ENDED MY VEHICLE.

DECLARATION

I/ We declare the foregoing particulars are true in every respect.



 Policyholder's Signature

Date & Time:

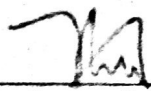
06 NOV 2020

16:57




 Driver's Signature
 (if driver is not the policyholder)

Date & Time:


 Reporting Centre Personnel's Signature
 Name:

NRIC / FIN No.: