# **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 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.

## **ACCIDENT STATEMENT**

Date of Submission 20/11/2020 15:38 (SGT) Date of Accident 19/11/2020 13:50 (SGT) Exact Location of Accident Joo Chiat Rd, Singapore Additional Location Information **TOWARDS DUNMAN ROAD** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Fiat

Vehicle Registration Number GBH8098A

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NAUTICAL SPLENDOR Company Reg No 5XXXX178J Email Address nauticious11ts@gmail.com Mobile Phone No (Phone) +65-96647270 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model DOBI O Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Commercial vehicle

# INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number DMCPHQ20-002842 Cover Note Number

### DRIVER

Name of Driver FOO TOON MOH ANDREW (FU DUNMAO ANDREW) NRIC No SXXXX416C Date Of Birth 14/11/1975 Occupation Outdoor

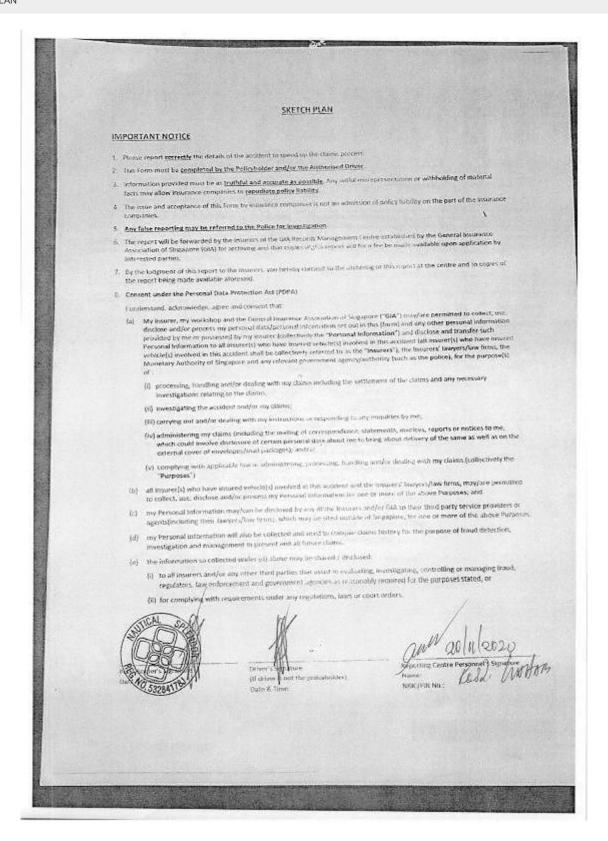
Date Of Driving Pass 07/09/1998 Driving experience 22 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96647270 Alt. Phone Number Email Address nauticious11ts@gmail.com Address BLK 664 JALAN DAMAI #02-103 Address complement Postcode 410664 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE 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

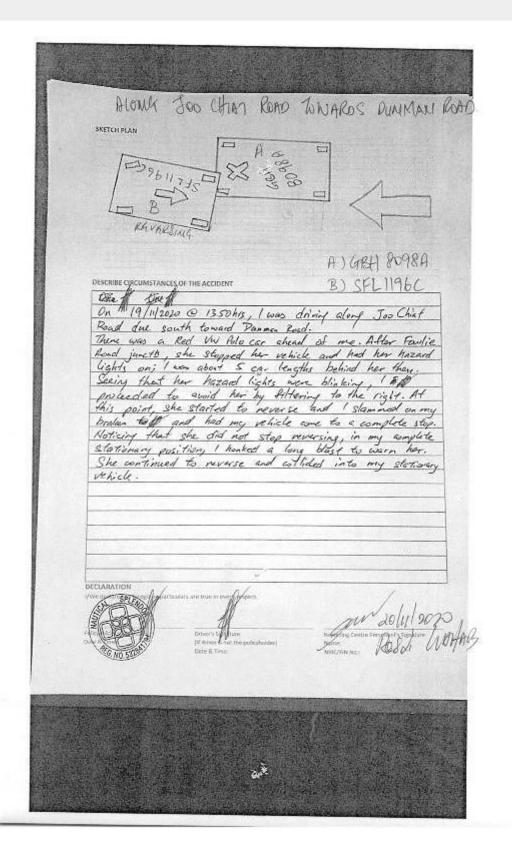
# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFL1196C Vehicle Manufacturer Volkswagen Vehicle Model Polo Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver AUGUSNIKO LOH LULIN NRIC No SXXXX243E Contact Number (Phone) +65-92477111 Address Address complement

Postcode

Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -















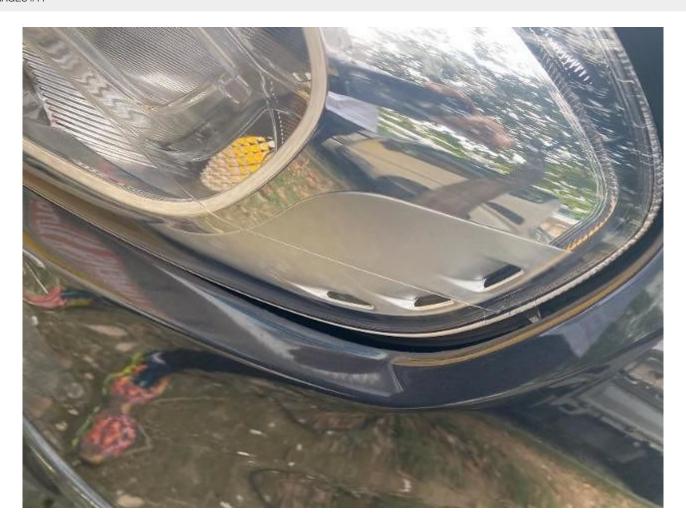










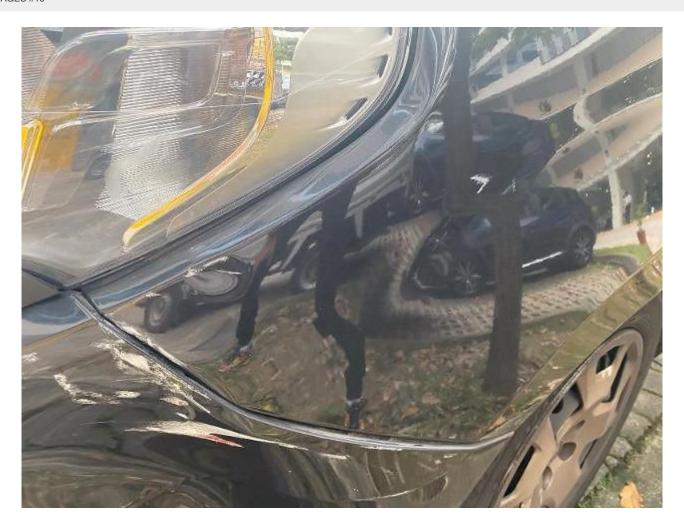


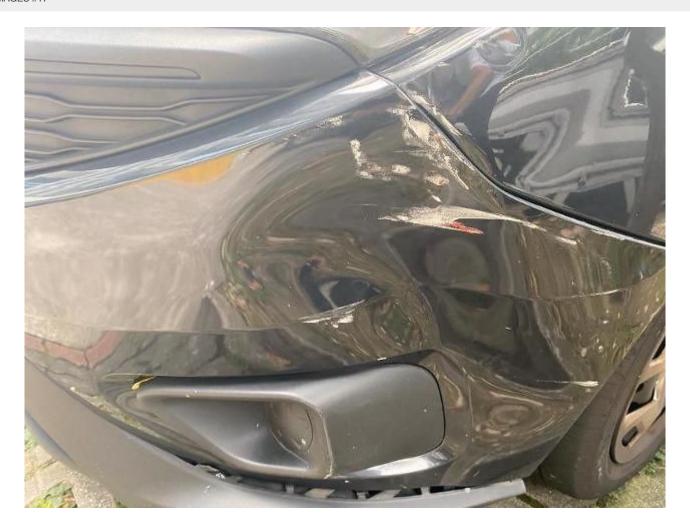


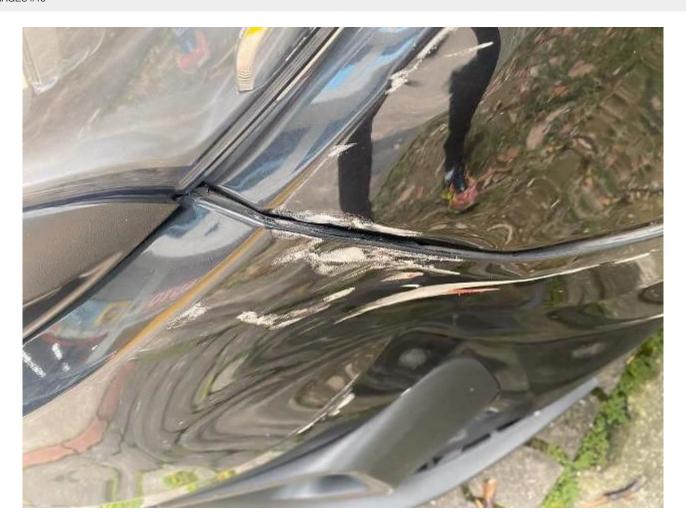












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