

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 Submission	08/12/2020 09:37 (SGT)
Date of Accident	07/12/2020 07:40 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	JALAN AHMAD IBRAHIM TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3665L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA SENG CHYE
NRIC No	SXXXX459F
Email Address	adrian.chia.ac@gmail.com
Mobile Phone No	(Phone) +65-97347721
Alternative Phone No	+65-97347721

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	ECICS
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC20P00017100
Cover Note Number	-

DRIVER

Name of Driver	CHIA SENG CHYE
NRIC No	SXXXX459F
Date Of Birth	11/02/1965
Occupation	Indoor

Date Of Driving Pass	23/04/1985
Driving experience	35 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97347721
Alt. Phone Number	+65-97347721
Email Address	adrian.chia.ac@gmail.com
Address	BLK 706 JURONG WEST ST 71 #07-70
Address complement	-
Postcode	640706
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER'S PREFERRED W/SHOP.

ATTACHMENT(S)

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

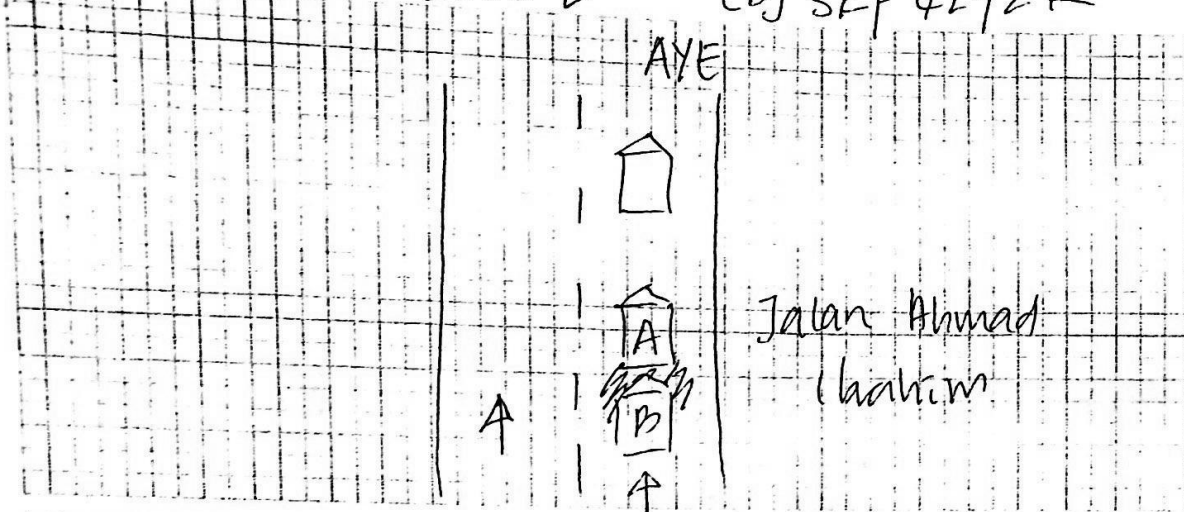
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF4292K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

(A) SKR 3665 L

(B) SKF 4292 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/12/2011 at 7.40am. I was traveling my vehicle (A) SKR 3665 L along Jalan Ahmad Ibrahim towards AYE. The traffic was heavy in front of my vehicle move slowly and stop I also stop. Suddenly the vehicle (B) SKF 4292 K cannot stop in time and hit my vehicle rear portion.

DECLARATION

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

Policyholder's Signature

Date & Time: 7/12

Driver's Signature

(If driver is not the policyholder)

Date & Time: 7/12

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

