

## 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 renege 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 24/11/2020 16:49  
Date Of Accident 24/11/2020 14:55  
Exact Location Of Accident PUNGGOL FIELD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGS3631B  
**Insured/Policyholder**  
Name Of Registered Owner YIP CHUN WAI DARYL (YE JUNWEI)  
NRIC No SXXXX135C  
Email Address DARYLYIP.CW@GMAIL.COM  
Mobile Phone No (LOCAL) +65-97940158  
Alternative Phone No OFFICE-97940158

### Vehicle Particulars

Manufacturer MITSUBISHI  
Model LANCER-1.6 (A)

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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number DMPCSNA00022712006  
Cover Note Number

### Driver

Name of Driver YIP CHUN WAI DARYL (YE JUNWEI)  
NRIC No SXXXX135C  
Date Of Birth 18/09/1980  
Occupation OUTDOOR  
Date Of Driving Pass 04/05/1999  
Driving Experience 21 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97940158  
Fax Number  
Contact Number OFFICE-97940158  
Email Address DARYLYIP.CW@GMAIL.COM

Address BLK 226C SUMANG LANE  
#11-234  
Postcode 823226  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OWNER  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION  
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? 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 SKETCH PLAN

#### Attachment(s)

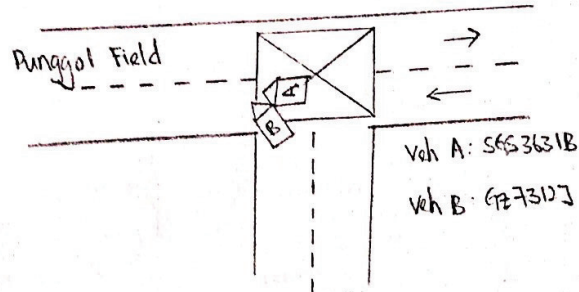
Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ7312J  
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)



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/2020 @2.55pm, I am travelling along Punggol Field. Suddenly the vehicle B come out from the exit and hit into my vehicle LH front portion.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Kon Yin Siew  
NRIC/FIN No.:

