



## 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 ..... 10/12/2020 11:15 (SGT)  
Date of Accident ..... 09/12/2020 19:50 (SGT)  
Exact Location of Accident ..... Woodleigh Park, Singapore 357840  
Additional Location Information ..... THE ARENA CAR PARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLW8007R

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE BEE HONG  
NRIC No ..... SXXXX156Z  
Email Address ..... rudy\_benicio@hotmail.com  
Mobile Phone No ..... (Phone) +65-98393615  
Alternative Phone No ..... +65-90071357

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Rush  
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 ..... EQ  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPPHQ20-004807  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... RUDY BIN MD ALI  
NRIC No ..... SXXXX207Z  
Date Of Birth ..... 06/07/1981  
Occupation ..... Outdoor



Date Of Driving Pass	11/01/2005
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90071357
Alt. Phone Number	-
Email Address	rudy_benicio@hotmail.com
Address	BLK 111 LENGKONG TIGA #03-255
Address complement	-
Postcode	410111
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
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 THE ATTACHED REPORT

#### ATTACHMENT(S)

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

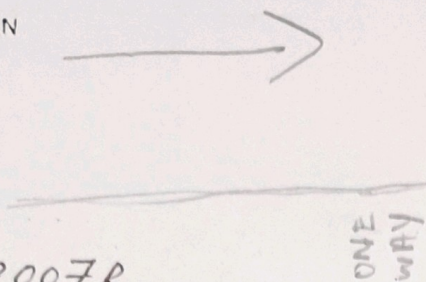
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4052Z
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	LEE CHEE HAI
NRIC No	SXXXX397B
Contact Number	(Phone) +65-81234299
Address	-
Address complement	-
Postcode	-

# SKETCH PLAN

A) SLW 8007R

B) SHA 4052Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was existing the carpark, I saw the taxi turning to his right to the drop off point to alight the passenger. I stop my car to let him go, while he was turning his front left hit into my right front side. I alight from my car to check the damage of my car. The taxi driver came down and apologize to me.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

10/12/20 1015am



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