GAPORE ACCIDENT STATEMENT

DRTANT NOTICE

ease report correctly the details of the accident to speed up the claims process. This Form must be completed by the Policyholder and/or the Authorised Driver

nformation provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

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 1 that copies of this report will, for a fee, be made available upon application by interested parties.

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

ate of Submission 18/12/2020 09:43 (SGT) ate of Accident 16/12/2020 18:34 (SGT) **kact Location of Accident** CTE, Singapore dditional Location Information CTE (IN THE DIRECTION OF SLE) ountry/State of Loss Singapore

DETAILS OF OWN VEHICLE

ehicle Registration Number SLW2745H

INSURED/POLICYHOLDER

company? No ame Of Registered Owner WOON LI YING ANGELIQUE SXXXX725F mail Address jadem72@gmail.com Jobile Phone No. (Phone) +65-97632425 Iternative Phone No. +65-97632425

VEHICLE PARTICULARS

Manufacturer Honda **lodel** Jazz Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to Yes our vehicle? ...,... Private car /ehicle Category

INSURANCE COMPANY

Name of Insurance Company Lonpac Type of Coverage Comprehensive Fleet Policy Z20VP05025865 Policy Number **Cover Note Number**

DRIVER

WOON LI YING ANGELIQUE Name of Driver SXXXX725F NRIC No 15/07/1972 Date Of Birth Indoor Occupation

Accident report SF0F20CH0002

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Date of accident: 16 December 2020 time: 6.34-pm Location: CTE (in the direction of SLE) Veh A: SLW 2745H Veh B: SJ15575 A No of pax: 2 Weather: Clear/dry Rain/Wet **SKETCH PLAN** CTE -- S345575A SLW 2745H DESCRIBE CIRCUMSTANCES OF THE ACCIDENT car in front suddenly braked and swerved. and I immediately braked but as it was raining, the roads were wet and then I knocked into the our in front CLicence Plate No. SJY5575A . Ee Chin Boon NRICST975621J) I kept my distance while driving and had slowed down when the car infront stepped on his brake - But then his sudden break and swerve caught me off guard. The driver of SJY 5575A was thing to avoid hitting a motorcyclist that was in front of him. According to the driver, the motorcyclist or had sucklenly slowed down to avoid the ERP gantry -But road was met so the motorcyclist skiddled Contact No. 9763-2425 passenger - Tyler Goh Reporting Only Claim OD/TP at other workshop Claim OD/JP at Falcon-Air Remarks: Please forward a copy of my efile accident report to: My workshop: Email address : & myself Email address : Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature

Driver's Signature

(is driver is not the policyholder)

Policyholder's Signature

Name: