

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 Date of Accident **Exact Location of Accident**

Additional Location Information Country/State of Loss

07/12/2020 19:04 (SGT) 04/12/2020 19:50 (SGT)

PIE, Singapore

PIE to Tuas (Before Stevens Road Flyover)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GV3399G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

Yes

Woon Meng Motor Pte Ltd

2XXXXX678M

woonmeng@singnet.com.sg

(Phone) +65-63161131

+65-63161131

VEHICLE PARTICULARS

Manufacturer

Model

Mercedes Vito

Variant 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?

Vehicle Category

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number Lonpac

Comprehensive

Nο

Z/20/VC05/004699-001

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

Chong Han Woon SXXXX880J 02/02/1968 Outdoor

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

SLH9264L

08/12/1989

31 YEARS

(Phone) +65-97302017

woonmeng@singnet.com.sg

50. Bukit Batok Street 23, #01-06 Midview Building

Male

659578

Employee

No

Yes

AIG

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear Wet

No

No

2

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Yes

Yes

1

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

Refer to attached sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver NRIC No

Contact Number Address

Address complement

Postcode

SKT6649D

Toyota

Private car Wu Zhong Liang SXXXX861A

(Phone) +65-82697428

Accident report SW0B20C70005

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PIE to Thas (Before Stevens Boad Flyoner)

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

v
on 04/12/20, @ 19:50 hrs, my venice was traveiling along PIE to Thas
(Before stevens Road Flyover). The traffic was slow and I was following
infront vehicle to brake when suddenly, I was hit from behind by
7.
venicle B. SKTGG9D.
_ * ° ° 0 × 2.

DECLARATION

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



Policyhola W DH sture

Date & Time

Driver's Synature

(If driver is not the policyholder) Date & Time

A

Reporting Centre Personnel's Signature

Name:

NRIC/FIN NO.: