SA1E21150001 / Abwin Service Pte Ltd ENTRY DATE & TIME: 05/01/2021 12:42 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (05/01/2021 12:42 (SGT))

# **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.

- 4. The issue and acceptance 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 05/01/2021 12:42 (SGT) Date of Accident 04/01/2021 13:32 (SGT) Exact Location of Accident Near Blk 14 Mkt/FC, Singapore Additional Location Information ALONG GEYLANG ROAD NEAR BUS STOP OF BLK 14 MARKET/FOODCOURT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Suzuki

Vehicle Registration Number SJX1409D

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NORAHMAD SYAHROHNIE BIN NORSIDEK ..... NRIC No SXXXX347G Email Address riana\_sidek@hotmail.com Mobile Phone No (Phone) +65-96964169 Alternative Phone No (Home) +65-96964169

# VEHICLE PARTICULARS

Model Sx4 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

Manufacturer

## INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5116395839 Cover Note Number

## DRIVER

Name of Driver NORIANA BINTE NORSIDEK NRIC No SXXXX557A Date Of Birth 22/05/1981

Occupation Outdoor Date Of Driving Pass 04/01/2003 Driving experience 18 YEARS Gender Female Mobile Number (Phone) +65-91571213 Alt. Phone Number Email Address riana\_sidek@hotmail.com Address BLK 995C BUANGKOK CRESCENT #08-895 Address complement #08-895 Postcode 536995 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Sibling 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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 ATTACHED. 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 Vehicle Manufacturer	EX38G -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	_
Postcode	-

nsurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1



















