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 this is form by instrained 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 29/12/2020 08:27 (SGT) Date of Accident 28/12/2020 13:30 (SGT) Exact Location of Accident Changi Prison, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Private car

Vehicle Registration Number SI P2395X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LEW SHAUN MARC NRIC No. SXXXX302E Email Address SHAUNLEW86@GMAIL.COM Mobile Phone No (Phone) +65-9788445 Alternative Phone No (Home) +65-64682123

VEHICLE PARTICULARS

Manufacturer

Model Jazz 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

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number GA356204 Cover Note Number

DRIVER

Name of Driver LEW SHAUN MARC NRIC No SXXXX302E Date Of Birth 13/04/1986 Occupation Indoor

Date Of Driving Pass 16/05/2006 Driving experience 14 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-9788445 Alt. Phone Number (Home) +65-64682123 Email Address SHAUNLEW86@GMAIL.COM Address 61 HUME AVE #01-02 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked 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? No 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 ATTACMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	QX998T
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

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Hi,

Very soing to accidentally hit your vehicle while reversing-

Please contact me out 98152065 for your damages.

Thank you & apologies for the inconvenience origin.

Sincerely, Anthony















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