

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	15/02/2021 17:49 (SGT)
Date of Accident	11/02/2021 13:30 (SGT)
Exact Location of Accident	Woodlands Ln, Singapore
Additional Location Information	TWDS WOODLANDS D 73
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ6637D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NEVASH
Company Reg No	5XXXX742K
Email Address	apexih@yahoo.com.sg
Mobile Phone No	(Phone) +65-90126376
Alternative Phone No	+65-90126376

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	DMPPHQ20-008520
Cover Note Number	-

DRIVER

Name of Driver	LOURDES SHAROLYN
NRIC No	SXXXX349H
Date Of Birth	10/06/1977
Occupation	Indoor

Date Of Driving Pass	15/10/2007
Driving experience	13 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90126376
Alt. Phone Number	-
Email Address	apexih@yahoo.com.sg
Address	111 WOODLANDS VIEW
Address complement	#16-21
Postcode	737703
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKT7350H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE ZHI CHENG
NRIC No	SXXXX950J
Contact Number	(Phone) +65-83548522
Address	-
Address complement	-
Postcode	-

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

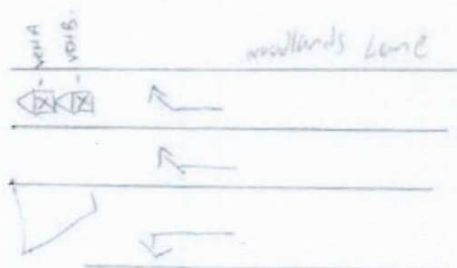
INJURED PERSONS DETAILS

INJURED 1

Name of injured person LOURDES SHAROLYN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK & BACK
Injured person in which vehicle? SLJ6637D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

2/2/21 15/02/21



VEH A - SLJ6637D
VEH B - BKT7350H

On 11/02/2021 at 1330hrs, I was driving towards Woudland
view, I stopped at the traffic light, suddenly I felt a great
impact and loud bang from the rear of my vehicle, A.
When I alighted, I realised it was vehicle B failed to stop on
time, causing the collision and damages to the rear of my
vehicle A. Due to the great impact, I felt pain on my neck
and back and might consult ^a doctor later.

lynn 15/02/21