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 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any white misteries estimation of witholding of material facts may allow insurance companies to reputing 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 11/03/2021 17:37 (SGT) Date of Accident 11/03/2021 00:45 (SGT) Exact Location of Accident 284 Geylang Rd, Singapore 389331 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF6574K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **GUI TJOR NOI** NRIC No S2582286B

Email Address XDETOX32@GMAIL.COM Mobile Phone No (Phone) +65-90092833 Alternative Phone No +65-90092833

VEHICLE PARTICULARS

Manufacturer Honda Model Civic 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? Vehicle Category

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5119915039 Cover Note Number drivo premium

DRIVER

Name of Driver **GUI TJOR NOI** NRIC No S2582286B Date Of Birth 20/04/1959 Occupation Outdoor

Date Of Driving Pass	23/01/2010
Driving experience	11 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90092833
Alt. Phone Number	+65-90092833
Email Address	XDETOX32@GMAIL.COM
Address	BLK 978D BUANGKOK CRESCENT #11-229
Address complement	-
Postcode	536978
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	104 and any (Mandallan) (Danis and odd 94 and dad
Weather Conditions	Hit and run / Vandalism / Damaged whilst parked
	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	- Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s)	U
soliciting/offering accident claims assistance?	No
conciung/enering accident stamic accidence.	
DETAILS OF DOLLOF ACTION	
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	
ON THE ABOVE STATED DATE AND TIME MY VEHICLE MAS	DARKER CTATIONARY ALONG 204 CEVLANG RD. CURDENLY
VEHICLE B COLLIDED ONTO MY VEHICLE LEFT PORTION.	PARKED STATIONARY ALONG 284 GEYLANG RD .SUDDENLY,
VEHICLE B COLLIDED ONTO WIT VEHICLE LEFT FORTION.	
ATTACHMENT(S)	
Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
·	
DETAILS OF ATHER	VEHICLE PROPERTY 1
DETAILS OF OTHER	
Activity = 100 at 100 a	
Vehicle Registration Number	SJK9220X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	
Name of Driver	

Address complement
Postcode

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

SKETCH PLAN

IMPORTANT NOTICE

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- 2 The Community or completed by the Pulkyholder and/or the Authorised Driver
- In organization provided must be as truthful and accurate as possible. Any a Marmanapresentation or wisholding of material facility insurance companies to repudiate policy hability.
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- The report will the man per up the manager of the task Personal Management Control especialization for Committee and the Control of the Contr
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- 8. Connect under the Personal Data Protection Acr (PDPA

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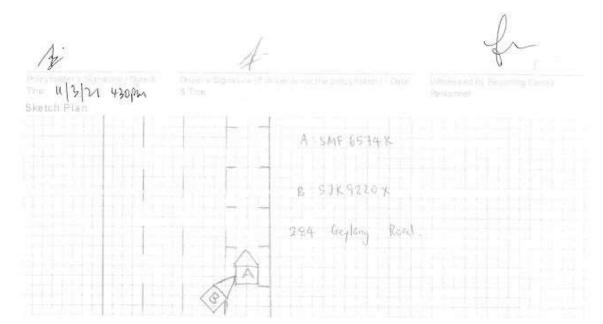
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(c) by Personal information may be the disclosed by give of the insurers and by OA to their third party, service providers or agents including their law years from the form), which may be standard outside of Supplement for one or even of the stone Purplement



Describe Circumstances of the Accident												
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Dectaration

1We define the foregoing particulars are true movery respect

Policyholder's Signature / Cate &

Driver's Signature (Videwer's not the policyholder) / Date & Toxe

Witnessed by Reporting Centre Personnel



















