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 Ballian description 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	20/03/2021 10:36 (SGT) 19/03/2021 12:30 (SGT)	
Exact Location of Accident Additional Location Information Country/State of Loss	Marine Parade Rd, Parkway Parade, Singapore 449269 Parkway Parade, Multi Storey Carpark Singapore	

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4227P
INSURED/POLICYHOLDER .	V To any synthetic of property strangery of total and renne and any
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No Phang Jong Shing SXXXX483G js_phang@hotmail.com (Phone) +65-98535611 (Home) +65-98535611
VEHICLE PARTICULARS	Transparence (as the company of the

Manufacturer	 Porsche

Model	Boxster
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 Transmission Auto 3436

INSURANCE COMPANY

Name of Insurance Company	Aviva Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	10922903
Cover Note Number	-

DRIVER

	The state of the s
Name of Driver	Phang Jong Shing
NRIC No	SXXXX483G

	١						
		4	4	念	-	-	
		-	R	7	F		
		7	B	7	F	-	
		7	. !			1	
-		7			i	-	

- (A) SMM 4227P (B) SMM6701Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Δ.,	
on M	1/3/2021 at about 12:30 pm, I was stationery due to gir
way	for a vehicle that making a reverse into a carpark 1
Sudo	centy. I felt an impact from behind. I alighted and
vegli.	sed vehicle (B) SMM67012 hit outo my vehicle (A) SMM
VEGV	portion. After accident, we exchange particulars.
No o	ne was injured.
	Juicht.
-	

DECLARATION

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

Policyholder's Signature Date & Time: |9|3|2021

Driver's Signature (If driver is not the policyholder) Date & Time: 19|3|2021

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARME MetchPlanterm, V3