

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 07/04/2021 14:25 (SGT)
Date of Accident 06/04/2021 20:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Jln Jeruju
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK5107E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA PEI LIN, PORNPAILIN (CAI PEILIN)
NRIC No S8817183G
Email Address cpl0250@gmail.com
Mobile Phone No (Phone) +65-91897497
Alternative Phone No +65-91897497

VEHICLE PARTICULARS

Manufacturer Honda
Model CIVIC IMA 1.5L CVT
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1497

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z20VP05027145
Cover Note Number 26/07/20 - 25/07/21

DRIVER

Name of Driver CHUA PEI LIN, PORNPAILIN (CAI PEILIN)
NRIC No S8817183G

Date Of Birth	20/05/1988
Occupation	Indoor
Date Of Driving Pass	04/01/2007
Driving experience	14 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91897497
Alt. Phone Number	+65-91897497
Email Address	cpl0250@gmail.com
Address	BLK 674B YISHUN AVE 4 #07-700
Address complement	-
Postcode	762674
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	Collision - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DAUGHTER
Gender	Female

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

My car was exiting Sembawang Shopping Centre at around 8.30pm. I checked both sides were clear and turn out. The turn was quite big and when driving mid turn, a taxi (SHD317X) came. Hence my car's left passenger side scrapped past the taxi's front door and driver side wheel. On the taxi, there were some scratches above the wheel and a small dent on the door. On my car, there was a dent on the front passenger door and scratches along the side, from the front passenger door. Both myself and taxi driver did not have injury from the incident. There was no passenger in the taxi, and my daughter (5 years old) was not hurt too.

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	SHD317X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-97638655
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-















