

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	06/09/2021 23:12 (SGT)
Date of Accident	05/09/2021 09:48 (SGT)
Exact Location of Accident	Near 90 Bras Basah Rd, Esplanade, Singapore 189562
Additional Location Information	JUNCTION OF BRAS BASAH ROAD/NICOLL HIGHWAY/RAFFLES BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6256Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA QUEE SING DANIEL (CAI GUISHENG)
NRIC No	SXXXX314D
Email Address	danielcqs@gmail.com
Mobile Phone No	(Phone) +65-81012540
Alternative Phone No	(Home) +65-66872086

VEHICLE PARTICULARS

Manufacturer	Honda
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05029146
Cover Note Number	-

DRIVER

Name of Driver	CHUA QUEE SING DANIEL (CAI GUISHENG)
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Describe Circumstances of the Accident

PLEASE REFER TO REPORT

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 05/09/2021

Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel