

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 20/11/2021 13:21 (SGT)
Date of Accident 19/11/2021 13:30 (SGT)
Exact Location of Accident 799 Bedok South Ave 1, Singapore 469335
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGH7239H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HUNDANI LIE
NRIC No SXXXX270H
Email Address hundani_lie@yahoo.co.uk
Mobile Phone No (Phone) +65-82989017
Alternative Phone No (Home) +65-1234567

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1400

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21P00110100
Cover Note Number -

DRIVER

Name of Driver HUNDANI LIE
NRIC No SXXXX270H

Date Of Birth	15/12/1969
Occupation	Indoor
Date Of Driving Pass	12/08/2006
Driving experience	15 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82989017
Alt. Phone Number	(Home) +65-1234567
Email Address	hundani_lie@yahoo.co.uk
Address	810 BEDOK RESERVOIR ROAD #02-12
Address complement	-
Postcode	479241
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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

Whilst travelling straight, suddenly SMS8390S slowed down with intention to turn right into Esso petrol kiosk, I jammed my brakes but still could not avoid the collision.

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 OTHER VEHICLE PROPERTY 1

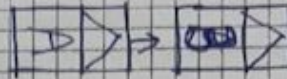
Vehicle Registration Number	SMS8390S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SOON SIANG TECK
NRIC No	SXXXX193F
Contact Number	(Phone) +65-90080729

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MINOR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

A: SEH7239H

B: SMS839AS

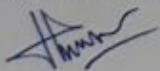


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

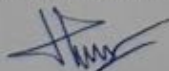
WHILST TRAVELLING STRAIGHT, SUDDENLY VEH 'B' SLOWED DOWN WITH INTENTION TO TURN
RIGHT INTO ESSO PETROL KIOSK, I JAMMED MY BRAKES BUT STILL COULD NOT AVOID THE
COLLISION.

DECLARATION

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



Policyholder's Signature
Date & Time



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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

VEHICLE NO: SGH7239H

MAKE & MODEL :

DATE OF ACCIDENT	19 / 11 / 2021
TIME OF ACCIDENT	1330 HRS AM / PM
LOCATION OF ACCIDENT	BECK SOUTH AVE 1
Exact Purpose use during accident	PRIVATE
NAME OF OWNER	HUNDANI LIE <i>hundanilie@yahoo.co.uk</i>
TELEPHONE NO	82989017
NRIC	S6981270H
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>
INSURANCE CO.	ECKS INSURANCE
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	MP21P00110100
NAME OF DRIVER	As above / If No.
NRIC	
Any passengers.	NIL
DATE OF BIRTH	15 / 12 / 1969
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	12 / 08 / 2006
GENDER	Male / Female
CONTACT NO.	
Office.	Home.
ADDRESS	910 BECK RESERVOIR ROAD #02-12 S(419241)
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	Clear / Raining / Other.
ROAD SURFACE	Dry / Wet / Other.
ANY INJURIES	No / If yes, Who?
CONTACT NO.	
POLICE REPORT	No / If yes, Where?
VEHICLE B NO.	SMS83905
Any Passenger.	NIL
NAME	SOON STANG TECK 81127193F
CONTACT NO.	90080729
VEHICLE C NO.	
Any Passenger.	
VEHICLE D NO.	
Any Passenger.	
VEHICLE E NO.	
Any Passenger.	
VEHICLE F NO.	
Any Passenger.	
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>
PARTICULAR WORKSHOP	
TELEPHONE NO	
CONTACT PERSON	
CONTACT NO.	

