

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 Authorized User.
3. Information provided must be as truthful and accurate as possible. Any willful 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 this centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	03/01/2022 14:38 (SGT)
Date of Accident	31/12/2021 23:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BESIDE BLK 402 HOUGANG AVE 10 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDX938X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOO CHEE HIAN
NRIC No	SXXXX565Z
Email Address	GSLELCH@YAHOO.COM
Mobile Phone No	(Phone) +65-96688627
Alternative Phone No	(Home) +65-96688627

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A29149710AT2
Cover Note Number	-

DRIVER

Name of Driver	LOO CHEE HIAN
NRIC No	SXXXX565Z

Date Of Birth	29/03/1960
Occupation	Indoor
Date Of Driving Pass	13/04/1978
Driving experience	43 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96688627
Alt. Phone Number	(Home) +65-96688627
Email Address	GSLELCH@YAHOO.COM
Address	74 TAMPINES ROAD
Address complement	-
Postcode	535099
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	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TRAN THI NGAN TRANG
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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

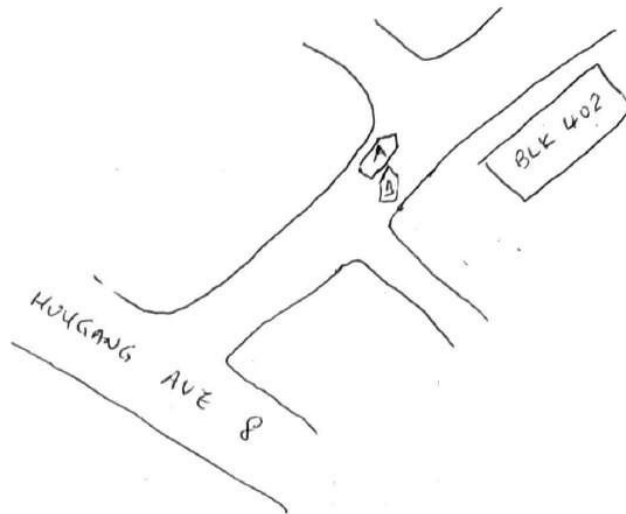
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1026P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

SKETCH PLAN



A : SDX 938 X
B : SHB 1026 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23-DEC-2001 AT ABOUT 2345HRS, I WAS DRIVING MY CAR SDX938X
IN CAR PARK OF HOUGANG AVE 10, A TAXI SHB1026P HIT MY CAR REAR OF THE
DRIVER SIDE.

DECLARATION

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



Policyholder's Signature
Date & Time: 03-JAN-2022

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

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