

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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
- 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

DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJZ9661C		
INSURED/POLICYHOLDER			
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	PEY TECK GUAN SXXXX816J PEYTECKGUAN@YAHOO.COM.SG (Phone) +65-88238849		
VEHICLE PARTICULARS			
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident	V40		

Model	V40
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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	dmpcsnw00004722201
Cover Note Number	-

13/09/1973 Indoor 25/01/1994 27 YEARS AND 11 MONTHS Male (Phone) +65-88238849 +65-88238849 PEYTECKGUAN@YAHOO.COM.SG BLK 418 TAMPINES ST 41 #07-72 - 520418 Yes - No
Collided into Property Clear Dry
No 1 No - No 1
No No -
Yes No No

report from the world

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DECLARATION		Λ
If We declary the foregoing partic	vlars are true in every respect.	f.A-
Policypolder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Counce Personnel's Signature Name: NBIC/SIN No.: