

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 22/03/2022 16:12 (SGT)
Date of Accident 21/03/2022 14:05 (SGT)
Exact Location of Accident Jln Eun0s, Singapore
Additional Location Information ALONG JALAN EUNOS TOWARDS UBI AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR625K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner POON SUI KIT
NRIC No SXXXX915B
Email Address VANCOMYAN79@HOTMAIL.COM
Mobile Phone No (Phone) +65-92980459
Alternative Phone No (Home) +65-92980459

VEHICLE PARTICULARS

Manufacturer Nissan
Model Pulsar
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2019-00011705-02
Cover Note Number -

DRIVER

Name of Driver POON SUI KIT
NRIC No SXXXX915B

Date Of Birth	14/09/1979
Occupation	Indoor
Date Of Driving Pass	01/02/2000
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92980459
Alt. Phone Number	(Home) +65-92980459
Email Address	VANCOMYAN79@HOTMAIL.COM
Address	26 TENG TONG ROAD
Address complement	-
Postcode	423517
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

REFER TO ATTACHED

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	GBD5233S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIU YUEZHI
Passport No/FIN	GXXXX276X
Contact Number	-

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

Describe Circumstances of the Accident

On 21/03/2022 at about 14:05pm, I was travelling along Jalan Euro towards Ubi Ave 1. I was slowing down due to the front traffic. Suddenly vehicle B hit the rear of our vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

Mont
Policyholder's Signature / Date & Time

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

MAC
Witnessed by Reporting Centre Personnel

























