

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 04/05/2022 18:06 (SGT)
Date of Accident 02/05/2022 02:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information KITCHENER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFB6883Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LYE YOON SAN
NRIC No SXXXX595I
Email Address jameslye61@gmail.com
Mobile Phone No (Phone) +65-96956883
Alternative Phone No +65-96956883

VEHICLE PARTICULARS

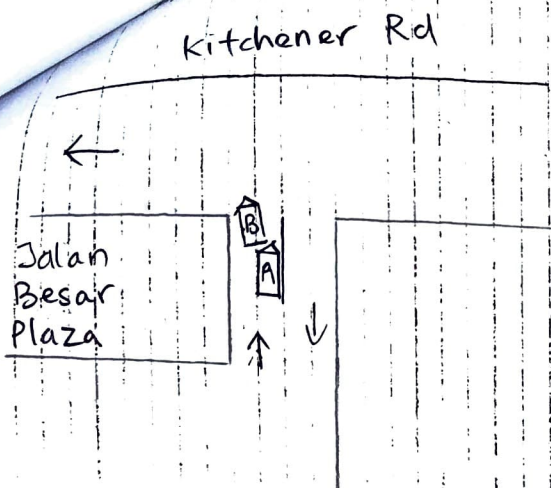
Manufacturer Mercedes
Model E200 EXCLUSIVE (R18 LED)
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1991

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05029819
Cover Note Number 15/09/21 - 14/09/22

DRIVER

Name of Driver LYE YOON SAN
NRIC No SXXXX595I



A = SFB 6883 Y
 B = SMP 9835 K
 Goh Pei Zong
 S9115549 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was unable to brake in time and hit onto the rear of car B. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()