

## 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 Actual 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 .....	17/09/2022 14:26 (SGT)
Reported by .....	Both
Date of Accident .....	16/09/2022 18:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG SHEARES AVENUE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLC2980A
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HOO SWEA LEE
NRIC No .....	S8023874F
Email Address .....	Shirley.hoo@gmail.com
Mobile Phone No .....	(Phone) +65-93855197
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	216D GRAN TOURER LED NAV 7 SEATER
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 .....	1496

#### INSURANCE COMPANY

Name of Insurance Company .....	HL Assurance Pte Ltd
Policy Number / Cover Note Number .....	MP320024

#### DRIVER

Name of Driver .....	NITIN ARORA
NRIC No .....	S7974806D
Date Of Birth .....	20/03/1979
Occupation .....	Indoor

Date Of Driving Pass .....	12/09/2009
Driving experience .....	13 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93855197
Alt. Phone Number .....	-
Email Address .....	Shirley.hoo@gmail.com
Address .....	410M PASIR PANJANG ROAD
Address complement .....	-
Postcode .....	117617
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 - Change/cross lane
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	WIFE
Gender .....	Male

#### PASSENGER 2

Name .....	FRIEND
Gender .....	Male

#### PASSENGER 3

Name .....	CHILD
Gender .....	Male

#### 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 SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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Was there any video captured by Car Camera? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBL7779D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	CHAN FOO LOI
Contact Number .....	(Phone) +65-91985203
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



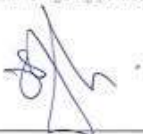


Describe Circumstance of the Accident

TRAVELLING ALONG SHARON AVENUE TOWARDS ECP (CHANGI)  
IN FRONT OF MBS, WAS TRYING TO FILTER INTO THE LEFT  
LANE AS MINE WAS A RIGHT TURNING LANE.

THE TRAFFIC ON THE LEFT LANE BEHIND ME HAD ALREADY  
GIVEN WAY AND I HAD ALMOST FILTERED IN. SEEING THE  
GAP IN FRONT, A VAN IN THE LANE BESIDE THE  
LANE I WAS TRYING TO FILTER INTO DECIDED TO  
CUT ACROSS IN FRONT OF ME WITHOUT GIVING  
SUFFICIENT CLEARANCE TO ACCOMMODATE FOR HIS  
VEHICLE LENGTH (BEING A LONG VAN). AND IN THE  
PROCESS SCRAPPED MY LEFT FENDER AND  
BUMPER. MY VEHICLE WAS STATIONARY AT THE  
TIME OF IMPACT.

Declaration

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

Policyholder's Signature / Date & Time: \_\_\_\_\_  
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time: \_\_\_\_\_  
 Witnessed by Reporting Centre (Name as in NRIC/ID card): ERIC SIN KA CHUAN



























