SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

4. The issue and acceptance of this Form by instrained companies is not all admission of pointy flability of the policy for the policy for investigation.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

08/05/2023 19:38 (SGT) Both Policyholder and Actual Driver 07/05/2023 14:30 (SGT) Singapore SENGKANG EAST AVE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJY568D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No

Alternative Phone No

No

CHEE YANG TIM S8029765C mindphaser06@gmail.com (Phone) +65-92269926

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Honda Civic

Private use

No - Claiming third party Private car Auto

1600

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number EQ Insurance Company Ltd DMPPHQ22-007625

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHEE YANG TIM S8029765C 29/09/1980 Indoor



Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? Translator's name

Translator's ID Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

WITH OWNER WORKHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

SLZ3553Y

Accident report SA1B23580005

Page 2 of 14

No 2

Clear

Dry

31/05/2000

23 YEARS

(Phone) +65-92269926

11 FERNVALE CLOSE

Collision - Head to Rear

mindphaser06@gmail.com

Male

#05-05

797475

Yes

No

No

Yes 2

No

Female

TAN GEK LING

No

No

Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

Private car TAN BEE KEOW S7621622C

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SKETCH PLAN

APORTAIN NOTICE

Insurer: EQ Vunicle - SJY 568D

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