

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 willful 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	15/03/2021 12:38 (SGT)
Date of Accident	13/03/2021 11:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2602X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG GUAN FEN
NRIC No	SXXXX438I
Email Address	GUANFEN47@GMAIL.COM
Mobile Phone No	(Phone) +65-98368247
Alternative Phone No	(Home) +65-98368247

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Central Pacific Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00040612101
Cover Note Number	-

DRIVER

Name of Driver	CHIA JING YI JERLYN
NRIC No	SXXXX484J
Date Of Birth	19/09/1994
Occupation	Indoor

Contact Number	(Phone) +65-92684028
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHIA JING YI JERLYN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJN2602X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No