

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 First Submission 13/08/2024 14:33 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 13/08/2024 07:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information CLEMENTI AVENUE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE2008J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LU SUAT JIN @ LOO SUAT JIN (LU XUEJUN)
NRIC No SXXXX531J
Email Address BOTTLEFEEDER@YAHOO.COM
Mobile Phone No (Phone) +65-9877086
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 216i
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
Transmission Auto
CC 1499
Vehicle Fuel -
First Registration Date -
Chassis no -
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number -

DRIVER

Name of Driver	LU SUAT JIN @ LOO SUAT JIN (LU XUEJUN)
NRIC No	SXXXX531J
Date Of Birth	08/05/1977
Occupation	Indoor
Driving Pass Date	23/12/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-9877086
Alt. Phone Number	-
Email Address	BOTTLEFEEDER@YAHOO.COM
Address	30 WEST COAST TERRACE
Address complement	-
Postcode	127239
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM6338K
Vehicle Manufacturer	BMW

Vehicle Model	X3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97408279
Address	-
Address complement	-
Postcode	-
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

CLEMENTI AVE 2



A: Stationary.
Red light at junction.

A: SKE 2008 J
B: SGM 6338 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car (A) was stationary at Clementi Ave 2 ^{junction} ~~junction~~ because the traffic light ~~was~~ ^{is} red.

Car B hit my car's (A) back.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 13/8/24
 1130h.

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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: P11404

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SGM6338K

Date of Accident

13/08/2024 📅

Reset

📊 RESULT & RECEIPT

TP Insurer Enquiry

Insurance **India International Insurance ...**

Period of Insurance **30/05/2024 - 29/05/2025**

Requested By **Wong Hui Min (Performance M...**

Requested Date **13/08/2024 12:09**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**









