

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

06/05/2024 12:47 (SGT)
Both Policyholder and Actual Driver
04/05/2024 20:05 (SGT)
Singapore
SENTOSA AFTER GANTRY TOWARD SILOSO BEACH
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number
INSURED/POLICYHOLDER
Is company?
Name Of Registered Owner
NRIC No
Email Address
Mobile Phone No
Alternative Phone No

SLQ1574Y
-
No
ALEX LIM AH HWEE
S7144229B
LIM.ALEX6816@GMAIL.COM
(Phone) +65-96266766
-

VEHICLE PARTICULARS

Manufacturer
Model
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?
Vehicle Category
Transmission
CC

BMW
116d
5DR HATCH DSC LED
Private use
No - Claiming third party
Private car
Auto
1496

INSURANCE COMPANY

Name of Insurance Company
Policy Number / Cover Note Number

Direct Asia Insurance (Singapore) Pte Ltd
MT/01032736

DRIVER

Name of Driver
NRIC No
Date Of Birth
Occupation

ALEX LIM AH HWEE
S7144229B
03/12/1971
Indoor

Driving Pass Date
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

01/12/1994
29 YEARS AND 5 MONTHS
Male
(Phone) +65-96266766
-
LIM.ALEX6816@GMAIL.COM
BLK 14 ST. GEORGE'S RD #02-76
-
320014
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface
Side Swipe
Clear
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) 2
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
Gender
TAN CHEOW PENG
Female

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

PLEASE REFER TO STATEMENT.

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
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
SMY5385X
-
-
-

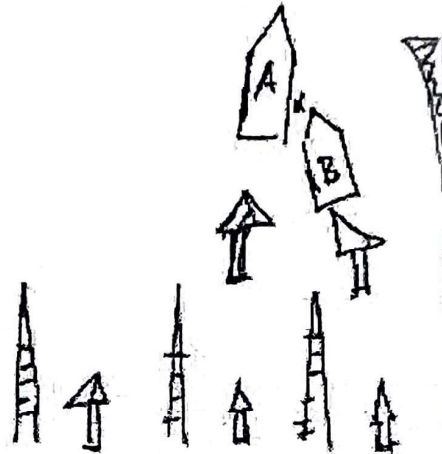
Accident Toolkit

Sketch plan

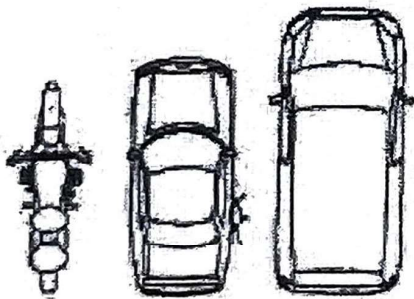
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

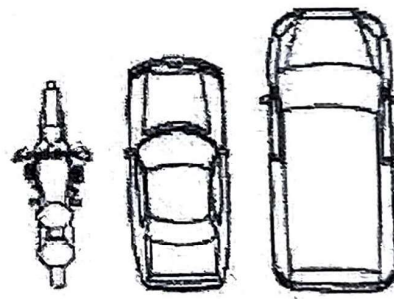
If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A
SLQ 1574Y



Vehicle B

Direct x/m
a x 06/15/24
Insurance 10:10

Call us direct
Customer Care
6655 5555
Claims Support 24/7 hotline
6532 1818
*If you have more information