

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	30/06/2014 10:23
Date Of Accident	28/06/2014 14:30
Exact Location Of Accident	ALONG STILL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE2169P
Insured/Policyholder	
Name Of Registered Owner	LIM YEW KUAN
NRIC No	S7176516D
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	Liberty Insurance Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI14V05173/VPC/R05(COMP)
Cover Note Number	0
Driver	
Name of Driver	LIM YEW KUAN
NRIC No	S7176516D
Date Of Birth	04/01/1971
Occupation	Indoor
Date Of Driving Pass	08/08/1996
Driving Experience	17 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-98190594
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 230 LORONG 8 TOA PAYOH #05-174
Postcode	310230
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - **REFER TO SKETCH**
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

ON THE DATE AND TIME MENTIONED ABOVE, DRIVING ALONG STILL ROAD, RIGHT HAND SIDE CAR TRAFFIC JAM WAITING TO TURN RIGHT. CAR B SUDDENLY CUT INTO MY LANE (CENTRE LANE) AND HIT INTO MY CAR (CAR A) RIGHT HAND SIDE BACK DOOR. --ATTN BY SALINA--

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

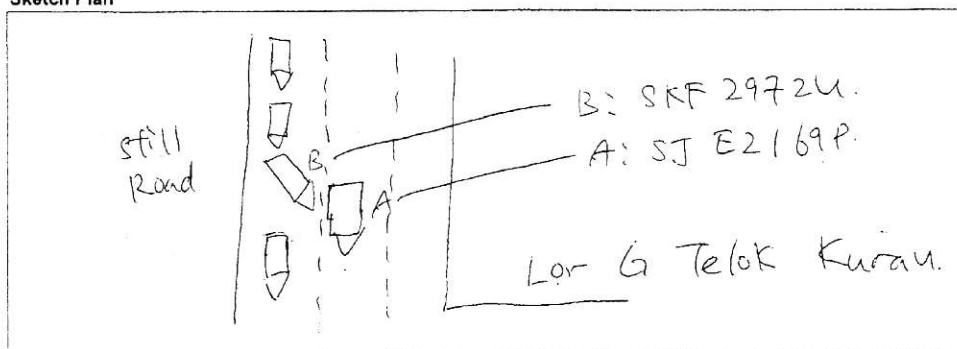
Vehicle Registration Number	SKF2972U
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Name of Driver	ANDRE CHRISTOPHER SIRIMANNE
NRIC/Passport Number	S7986445E
Contact Number	85180450
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN**IMPORTANT NOTICE**


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Sketch Plan**Describe Circumstances of the Accident**

Driving along still road right hand side car traffic I am waiting to turn right. Car B suddenly cut into my lane (centre lane) and hit into my car (car A) right hand side back door.

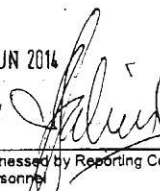

Declaration

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

 30/6/2014
Policyholder's Signature / Date & Time

 30/6/2014
Driver's Signature (If driver is not the policyholder) / Date & Time

30 JUN 2014

 
Witnessed by Reporting Centre Personnel