SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 witholding 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	17/04/2017 13:59
Date Of Accident	11/04/2017 16:20
Exact Location Of Accident	ALONG ECP TOWARDS CHANGI NEAR MARINE VISTA EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL3196S ·
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64682200
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 X (A)
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
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	LILLIAN LATTO
Passport No/FIN	G5058062N
Date Of Birth	14/08/1970
Occupation	INDOOR
Date Of Driving Pass	05/12/2011
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94594386
Fax Number	

NOEMAIL

Address

112 KEW DRIVE

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION- HEAD TO REAR (TP HIT INSURED)

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

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20170412/2035

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

SHB4657Z

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

HYUNDAI SONATA

Details Of Properties

Name of Driver

SEET JUAT HONG

NRIC/Passport Number

Contact Number

98389727

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

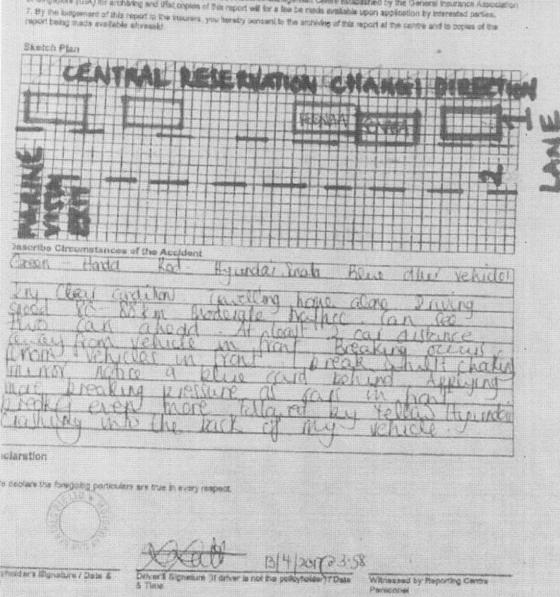
Name

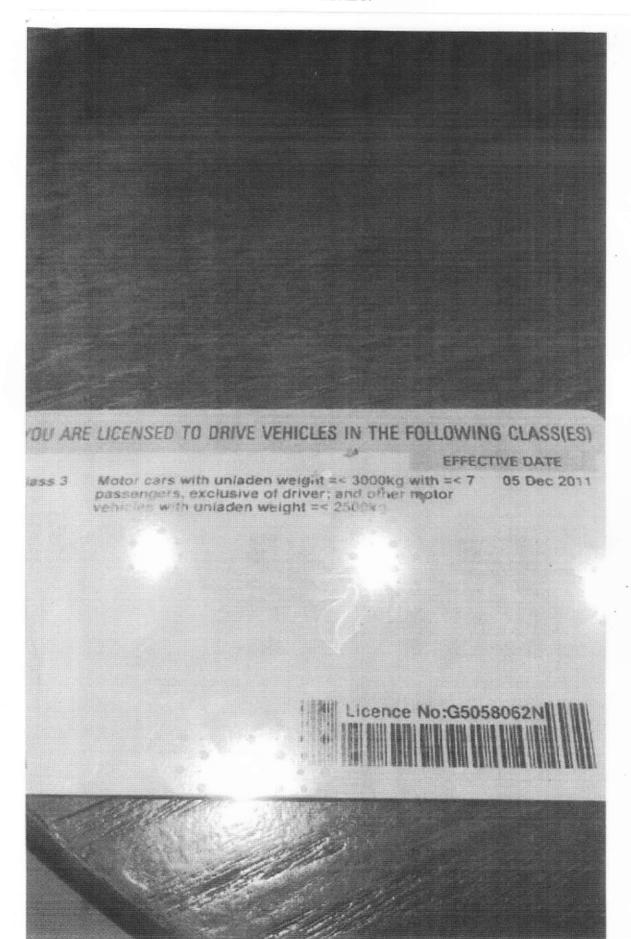
Phone Number

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PASSPORT

