

## 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	19/07/2017 14:44
Date Of Accident	15/07/2017 09:45
Exact Location Of Accident	ALONG HOLLAND ROAD OPP DEMPSEY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU8320E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64682200
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS-1.5 A (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	LACROIX TAM VALERIE NICOLE LUCIA
NRIC No	S2770257J
Date Of Birth	07/02/1962
Occupation	INDOOR
Date Of Driving Pass	02/06/2014
Driving Experience	3 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-83661423
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	11B MOUNT SINAI LANE, #05-08
Postcode	277051
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### 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

I WAS DRIVING ON LANE 1, WHEN THE TRUCK IN LANE 2 SUDDENLY PULL OVER RIGHT IN FRONT OF ME. I TRIED TO STOP BUT TOO LATE. MY CAR SMASHED RIGHT INTO THE TRUCK. THE TRUCK DRIVER WAS TRYING TO AVOID THE BUS ON HIS LEFT. HE SAID HE DID NOT SEE MY CAR.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3199X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ELANGOUAN RAJASEKAR
NRIC/Passport Number	G8243067P
Contact Number	93955550
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

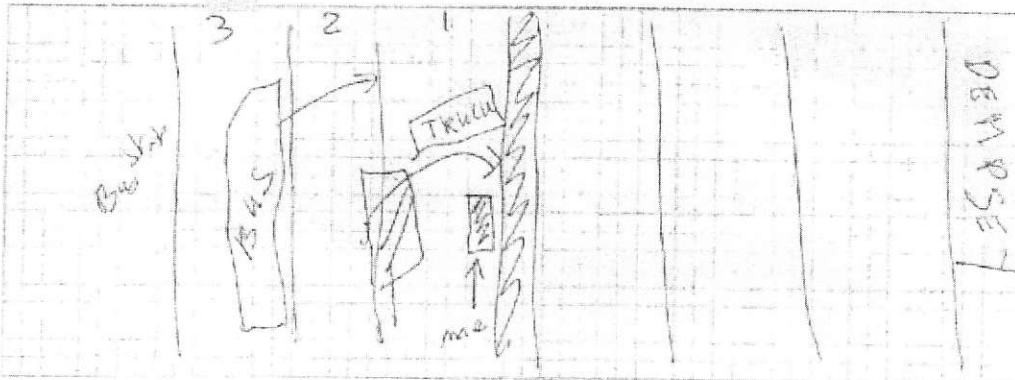
## Sketch Plan

### SKETCH PLAN

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#### Sketch Plan




#### Describe Circumstances of the Accident


I was driving on Lane 1, when the truck in Lane 2 suddenly pulled over right in front of me. I tried to stop but too late my car smashed into the truck.


The truck driver was trying to avoid the bus on his left. He said he did not see my car coming.

#### Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature & Date & Time

  
Driver's Signature (if driver is not the policyholder), Date & Time

  
Witness's Signature (Reporting Person)