

## 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	04/01/2018 14:23
Date Of Accident	21/12/2017 08:00
Exact Location Of Accident	JUNCTION OF MACKENZIE ROAD/BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6991E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	SRIKANT.JAYANTI@INTEL.COM
Mobile Phone No	(LOCAL) +65-81877124
Alternative Phone No	OFFICE-81877124

### Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093336938
Cover Note Number	

### Driver

Name of Driver	JAYANTI SRIKANT
Passport No/FIN	G3145300W
Date Of Birth	18/01/1986
Occupation	INDOOR
Date Of Driving Pass	26/04/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81877124
Fax Number	
Contact Number	OTHERS-81877124
Email Address	SRIKANT.JAYANTI@INTEL.COM

Address	15 MOUNT EMILY ROAD #02-37
Postcode	228495
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

PLEASE REFER TO SKETCH PLAN

#### 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	SHB9687D
Vehicle Make/Model/Colour	RENAULT LITITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG BOCK TECK
NRIC/Passport Number	S0176546I
Contact Number	96538084
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

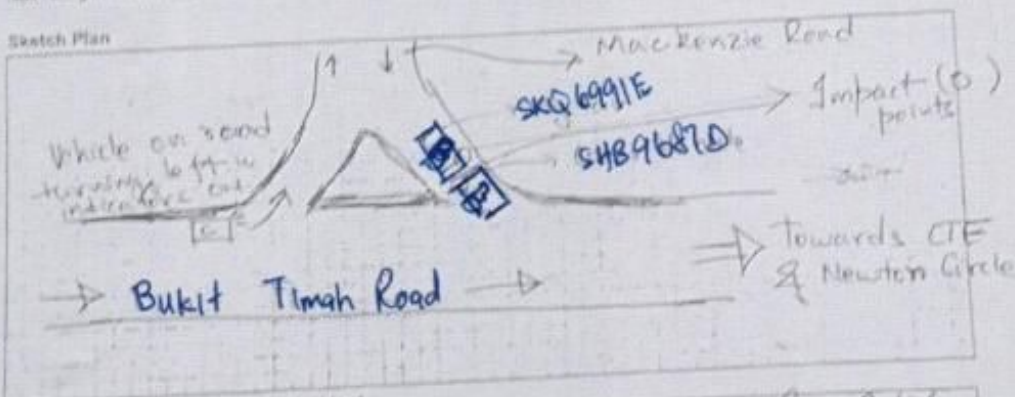
# Sketch Plan

## SKETCH PLAN

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### Sketch Plan



### Describe Circumstances of the Accident

Car C was turning left onto Mackenzie Road from Bukit Timah Road with indicators on. Car in front A is taxi (red colour) Transcabs. My car (B) hit on the rear right side of Car A. The taxi was almost entering Bukit Timah from Mackenzie Road but stopped from fully entering even though lane is clear as Car C was turning left. As a result, my car (B) front left hit the rear right side of taxi car (A). Impact points are shown in figure above circled O.

### Declaration

I/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

12/21/2017 3pm

Witnessed by Reporting Centre Personnel

04/01/2018

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo

