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 <u>truthful</u> and <u>accurate</u> 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 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	ACCIDENT STA	and V I and V is at	
	ACCIDENT STA	ICMENI	

Date Of Report 16/02/2018 18:34

Date Of Accident 15/02/2018 16:40

Exact Location Of Accident TPE ENTERING TO PIE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW5258B

Insured/Policyholder

Name Of Registered Owner ROSMELOR BTE MOENIR

NRIC No S7328586J Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-98276155
Alternative Phone No OFFICE-98276155

Vehicle Particulars

Manufacturer HONDA

Model STREAM 1.8L AT

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

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company AVIVA LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 10654139

Cover Note Number

Driver

Name of Driver WAN HAIRIL BIN WAN HUSSEIN

 NRIC No
 \$7342541G

 Date Of Birth
 29/11/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 08/02/2002

Driving Experience 16 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98276155

Fax Number Contact Number

EMail Address WANHAIRIL@YAHOO.COM

Address

Postcode

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE

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)

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 SJW5258B was driving along TPE heading to PIE. The vehicle in front of me slowed down as there was a congestion. I applied my brakes as we were about to go down slope. The 3rd party SLC6981X suddenly hit me from behind . I stopped the car and saw that there was damage to my car.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons: WILL UPLOAD TO FILEZILA ONCE INSURED SEND

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC6981X

Vehicle Make/Model/Colour HONDA/VEZEL/BLACK

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM BOON ENG FREDDIE

NRIC/Passport Number S0062237J

Contact Number

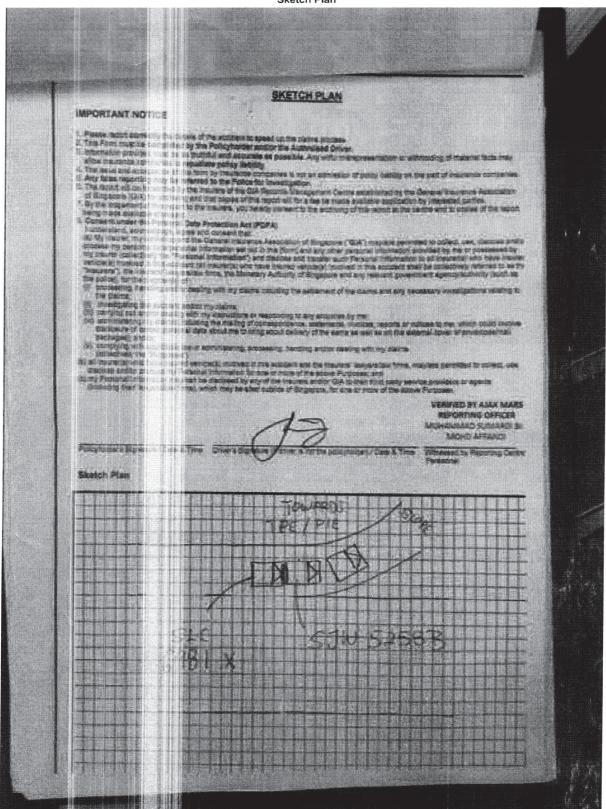
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)	
down as there was a congestion. I applie	ling to PIE. The vehicle in front of me slowed d my brakes as we were about to go down y hit me from behind . I stopped the car and
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provided	d above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD SUMARDI BIN MOHD AFFANDI	Mes
MARS Officer	
	Registered Owner or Driver's Signature

Date/Time:

16 February 2018 4:30 pm

Job Complete Date/Time

16 February 2018 4:30 pm