

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 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	07/03/2018 15:22
Date Of Accident	07/03/2018 09:00
Exact Location Of Accident	JALAN BUKIT MERAH TOWARD HENDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL488X
Insured/Policyholder	
Name Of Registered Owner	MR LIM YEW MING
NRIC No	S7128957E
Email Address	KENLIM@AIKCHUAN.COM
Mobile Phone No	(LOCAL) +65-98198547
Alternative Phone No	OFFICE-92777057

Vehicle Particulars

Manufacturer	FERRARI
Model	488 SPIDER
Exact Purpose for which vehicle was being used at time of accident	TRANSPORTATION
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	
Cover Note Number	

Driver

Name of Driver	MR LIM YEW MING
NRIC No	S7128957E
Date Of Birth	14/08/1971
Occupation	INDOOR
Date Of Driving Pass	16/08/1999
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98198547
Fax Number	
Contact Number	OFFICE-92777057
EEmail Address	KENLIM@AIKCHUAN.COM

Address	49 ENG KONG DRIVE
Postcode	599377
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	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

I WAS ALONG JALAN BUKIT MERAH IN THE DIRECTION OF HENDERSON ROAD. I STOPPED MY CAR AT THE TRAFFIC LIGHT BEFORE TURNING LEFT INTO HOI FATT ROAD. SUDDENLY, THE OTHER PARTY BANGED ONTO THE BACK OF 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	GBF7138K
Vehicle Make/Model/Colour	NISSAN VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAU YICK HWA
NRIC/Passport Number	WP404128000
Contact Number	92712432
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

BASIC INFORMATION									
Date of Report	3 Nov 2018	Time	08 11 05 am						
Date of Accident	3 Nov 2018	Time	09 00 am						
Exact Location of Accident	Jin 8.14 road towards Henderson End.								
VEHICLE REGISTRATION INFORMATION									
Vehicle Registration Number	SLL 488 K	Name of Registered Driver	LIM YEN MIN						
MOT / Passport No. / FR	531289536	Co. Reg. No. (for Co. Vehicle Only)							
Vehicle Particulars									
Make/Model	FERRARI	Year	2008						
Exact position for which vehicle was being used at time of accident	Normal usage								
Any other details of your insurance policy for report to your own?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	No Third Party				
Vehicle Category	Private Car	Commercial Vehicle <input type="checkbox"/>	Others <input type="checkbox"/>						
Name of Insurance Company									
Type of Coverage	Comprehensive <input type="checkbox"/>	Third Party <input type="checkbox"/>	Third Party Fire and Theft <input type="checkbox"/>						
Policy No.	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
Driver									
Name of Driver	LIM YEN MIN	NRIC / Passport No. / FR	531289536						
Date of Birth	14 Aug 1971	Occupation	Outlook						
Date of Driving Pass	17 Jan 2003	Gender	Male						
Mobile Phone No.	98198507	Pass No.							
Address	17 LING KEE ROAD	Postal Code	15002						
Email Address	kenlim@mkchina.com								
Was driver an employee of the insured's company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
Vehicle Registration Number of Driver's Own Vehicle (if applicable)									
Insurance Company of Driver's Own Vehicle (if applicable)									
Other (Informal) at the time of the accident									
Type of Accident									
Weather Conditions	Clear	Rain <input type="checkbox"/>	Others <input type="checkbox"/>						
Road Surface	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Others <input type="checkbox"/>						
Was any body injured in the accident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
Was any other material or property damaged?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
Are accident photos available for enforcement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
Was the accident reported to the Police?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
Was notice of intended prosecution given?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
DETAILS OF OTHER VEHICLE INVOLVED IN ACCIDENT									
Vehicle Registration No.	68F 7138 K	Vehicle Make / Model / Colour	ALFA ROMEO						
Details of Property Damaged in Accident									
Name of Driver	LIM YICK HWA	Vehicle Registration Number	NP 04128000						
Contact Number	92712432								
Address									
Insurance Company Name									
Vehicle of Damage									
Details of Witness - Name									
Details of Witness - Contact Number									
Details of Witness - Exact Address									
DETAILS OF ASSURED INFORMATION									
Name									
Address									
Age									
Insurance Company									
When was last insured?	No <input type="checkbox"/>	Yes <input type="checkbox"/>							
Vehicle Category									
Vehicle Registration Number									
Vehicle Make / Model / Colour									
Vehicle Insurance Company									
Vehicle Insurance Policy Number									
Vehicle Insurance Expiry Date									
Vehicle Insurance Status									
Vehicle Insurance Company									
Vehicle Insurance Policy Number									
Vehicle Insurance Expiry Date									
Vehicle Insurance Status									

Sketch Plan #2