#### 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 and 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/04/2018 12:02
Date Of Accident	31/03/2018 10:50
Exact Location Of Accident	D'CHATEAU @ SHELFORD, 25 SHELFORD ROAD CP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE6448J
Insured/Policyholder	
Name Of Registered Owner	SHAYNE MATHEWS
NRIC No	S8578710A
Email Address	SHAYNEMATHEWS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93658800
Alternative Phone No	OFFICE-93658800
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00402313
Cover Note Number	

#### **Driver**

Name of Driver SHAYNE MATHEWS

 NRIC No
 \$8578710A

 Date Of Birth
 03/05/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 25/05/2017

Driving Experience 0 YEAR AND 10 MONTH

Gender MALE

Mobile Number (LOCAL) +65-93658800

Fax Number

Contact Number OFFICE-93658800

EMail Address SHAYNEMATHEWS@GMAIL.COM

Address 25 SHELFORD ROAD #01-01 SINGAPORE 288415

Postcode

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

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1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

My car (SLE6448J) was stationary in the parking lot at that point of time when a car (SJV9131L) who was parking in front of my lot, reversed and hit my car. The rear of the car make contact with the front of my car. Video footage taken. No injuries involved.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJV9131L

Vehicle Make/Model/Colour KIA/CERATO FORTE/BLACK

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver CLARENCE

NRIC/Passport Number

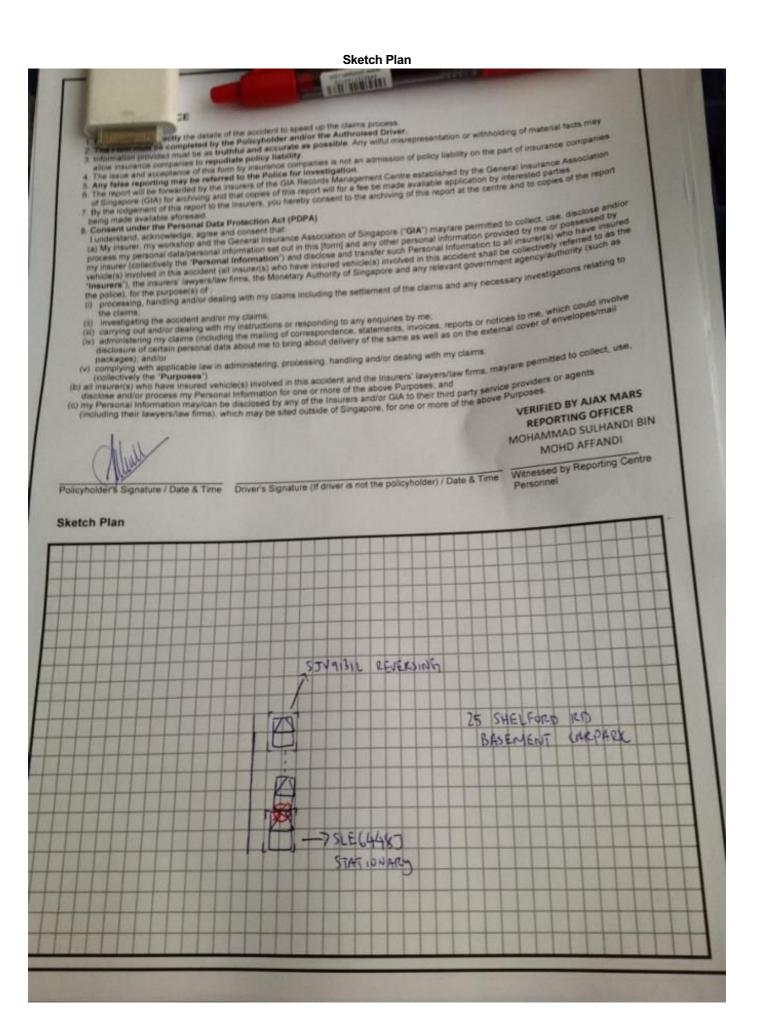
Contact Number 94307112

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



# Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)	
(SJV9131L) who was parking in from	the parking lot at that point of time when a car t of my lot, reversed and hit my car. The rear of the car. Video footage taken. No injuries involved.
Taxi Voucher No.:	
DECLARATION  I/We declare that the above particulars & information p	provided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMMAD SULHANDI BIN MOH AFFANDI	
MARS Officer	

Date/Time:

1 April 2018 at 11:50 AM

Job Complete Date/Time

1 April 2018 at 11:50 AM

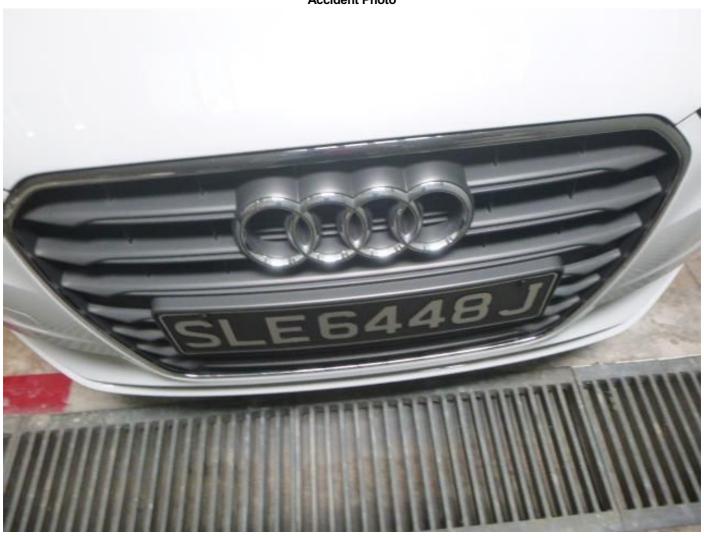
Registered Owner or Driver's Signature































## Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM						
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:						
	Original Report No	: MBHH18043101	Vehicle Registration No: S	SLE6448J			
		: SHAYNE MATHEWS					
		ehicle Owner) (*) Please delete as					
	Address	:		Singapore( )			
	Contact (Tel)	:	Mobile No. :_93658800				
Email Address : shaynemathews@gmail.com							
	Date of Accident	31/03/2018	Time of Accident : 10:48 F	HRS			
Place of Accident : D'Chateau @ Shelford, 25 Shelford Road. (S)288415 CAR PARK		κ					
	Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.					
	Policyholder / Driver Date:	's Signature	Reporting Centre Perso	nnel's Signature			

NRIC/FIN No.: S9245801F Date: 02/04/2018