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 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 consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	05/04/2018 11:23	
Date Of Accident	04/04/2018 19:35	
Exact Location Of Accident	HAIG ROAD TOWARD EAST COAST RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGN8383K	
Insured/Policyholder		
Name Of Registered Owner	LIOW YOON HOCK	
NRIC No	S7244962B	
Email Address	DEREKLIOW@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-96267240	
Alternative Phone No	OFFICE-96267240	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	MAZDA3 SP	
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	,
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Name of Insurance Company **AVIVA LTD**

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 10076215

Cover Note Number

Driver

Name of Driver LIOW YOON HOCK

NRIC No S7244962B Date Of Birth 01/12/1972 Occupation **INDOOR Date Of Driving Pass** 25/08/1997

Driving Experience 20 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96267240

Fax Number

OFFICE-96267240 Contact Number

EMail Address DEREKLIOW@YAHOO.COM 238 TEMBELING ROAD #04-02 SINGAPORE 423722

Address 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 SIDE SWIPE
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

1

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?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

On 4 April 2018, Wednesday, 735pm, I SGN8383K was driving along Haig Road towards East Coast. When I passed by Haig Court Condomiuim, a third party car drove out from the condo hit on my right side of my passenger car. We alighted and exchanged contact, NRIC and driving licenses information. We agreed to contact our own car insurance company to perform the next action. Regards Derek Liow Mobile: 96267240

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 SJX1795M

Vehicle Make/Model/Colour AUDI/A6 2.0T/SILVER

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NARENDRA TRIBHAVANDAS

NRIC/Passport Number S2647158C Contact Number 90189829

Address Postcode

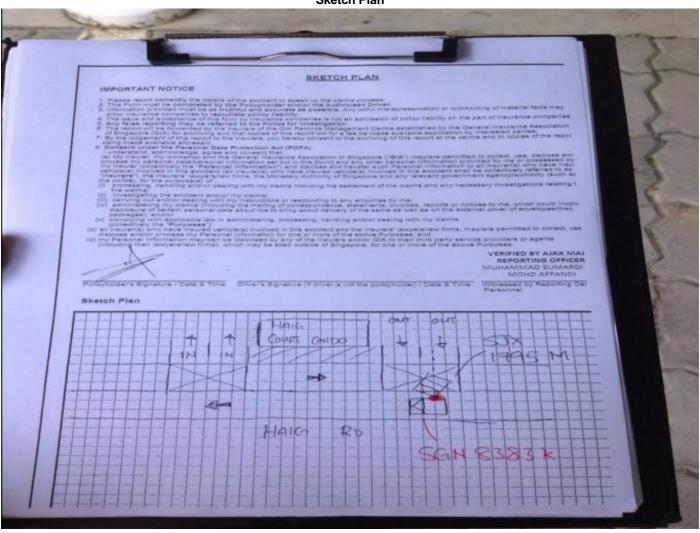
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

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We alighted and exchanged contact, NF agreed to contact our own car insurance	•
Regards Derek Liow Mobile : 96267240	
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provid	led above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD SUMARDI BIN MOHD AFFANDI	
MARS Officer	
	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
5 April 2018 11:02 am	5 April 2018 11:02 am





