

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	13/05/2018 20:43
Date Of Accident	11/05/2018 16:10
Exact Location Of Accident	LOYANG RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBJ8090K
Insured/Policyholder	
Name Of Registered Owner	QUEK MIEW IM SYLVIA
NRIC No	S0064077H
Email Address	SYLKHOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96686968
Alternative Phone No	OFFICE-96686968

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10589081
Cover Note Number	

Driver

Name of Driver	QUEK MIEW IM SYLVIA
NRIC No	S0064077H
Date Of Birth	10/03/1953
Occupation	INDOOR
Date Of Driving Pass	18/12/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96686968
Fax Number	
Contact Number	OFFICE-96686968
EMail Address	SYLKHOH@GMAIL.COM

Address	89 LUCKY HEIGHT SINGAPORE 467632
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
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 SBJ8090K was driving along Loyang rise, it was narrow road. As I was driving along that road suddenly the other party SLJ1705Z make a reverse from the oncoming lane and had a contact with my driver and passenger door. We manage to exchange particular and no injuries involved. The other party admit that it was her fault.

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	SLJ1705Z
Vehicle Make/Model/Colour	CITROEN/C4 PICASSO 1.6/BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHARIFAH LEILA FAYZAH
NRIC/Passport Number	S2207794E
Contact Number	97640135
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

WINESTOCK

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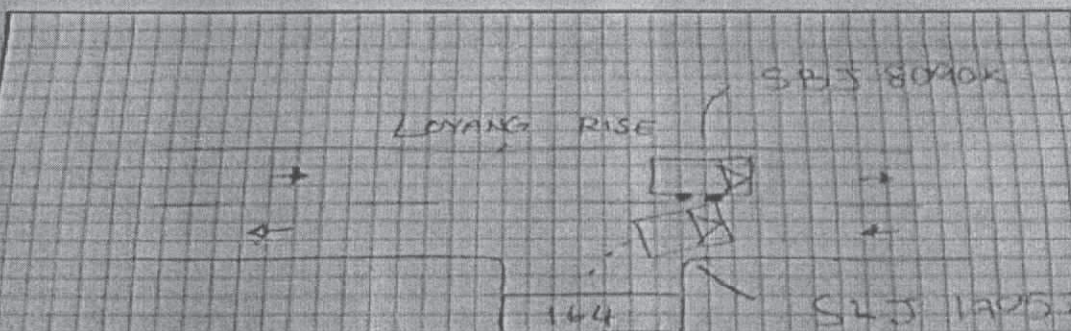
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VERIFIED BY AJAX MARL
REPORTING OFFICER
SAHMAHMAH SUMARIB BIN
MOMD ATTANHI
Witnessed by Reporting Officer
(Signature)

Sketchy Plan



ACCIDENT STATEMENT (2000 characters)

I SBJ8090K was driving along Loyang rise, it was narrow road. As I was driving along that road suddenly the other party SLJ1705Z make a reverse from the oncoming lane and had a contact with my driver and passenger door. We manage to exchange particular and no injuries involved. The other party admit that it was her fault.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided 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

13 May 2018 8:25 pm

Date/Time:

13 May 2018 8:25 pm