

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	17/05/2018 08:15
Date Of Accident	16/05/2018 12:05
Exact Location Of Accident	ORCHARD SPRING LANE / CUSCADEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS6938Y
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64682200

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V02689/VPZ/R01
Cover Note Number	

Driver

Name of Driver	CHIRSTOPHER JOHN ROBINSON
NRIC No	S2759236H
Date Of Birth	14/11/1957
Occupation	INDOOR
Date Of Driving Pass	02/07/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96651556
Fax Number	
Contact Number	
Email Address	CJR.SINGAPORE@GMAIL.COM

Address	318 UPPER EAST COAST ROAD #05-07
Postcode	465521
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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

PLS REFER ATTACHED SKETCH \ STATEMENT PLAN

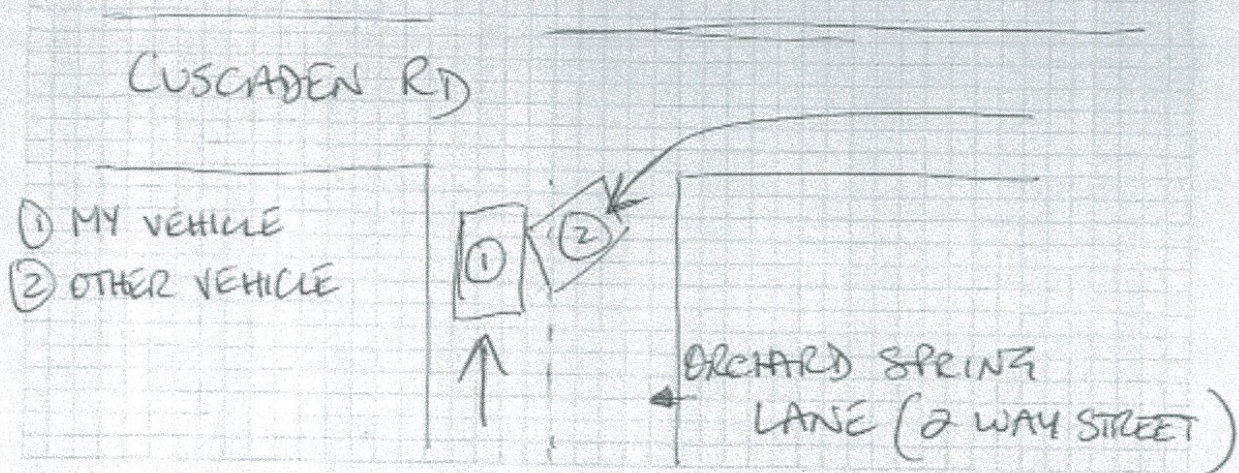
Attachment(s)

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	S1913CD
Vehicle Make/Model/Colour	TOYOTA PREVIA
Details Of Properties	VEH.2
Vehicle Category	PRIVATE CAR
Name of Driver	SUNIL MITTER
NRIC/Passport Number	S1461920H
Contact Number	92484536
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR DOWN ORCHARD SPRING LANE TOWARDS THE INTERSECTION WITH CUSCADEN RD. AS I APPROACHED THE INTERSECTION, PREPARING TO STOP MY CAR BEFORE TURNING LEFT, THE OTHER VEHICLE, DRIVEN BY MR MITTER, MADE A WIDE TURN INTO ORCHARD SPRING LANE OUT OF CUSCADEN RD.

AS THE TURN WAS TOO WIDE AND THE SPEED TOO FAST TO STAY ON THE LEFT SIDE OF ORCHARD SPRING LANE, HIS VEHICLE COLLIDED WITH THE RIGHT FRONT AND SIDE OF MY VEHICLE, A FEW METERS BEFORE I HAD REACHED THE INTERSECTION.

DAMAGE WAS SUSTAINED TO THE RIGHT FRONT OF HIS VEHICLE, AND TO THE RIGHT FRONT AND SIDE OF MY VEHICLE.

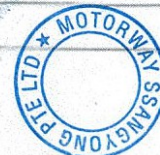
DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





MotorWay Car Care Centre Pte Ltd

(CO. REG NO.: 20000-0605-)

1094, Lower Delta Road, Motorway Building, Singapore 169205

Tel: (65) 6468 2200 Fax: (65) 6273 5535

Website: www.motorway.com.sg

ACCIDENT STATEMENT FORM

Please attach this form together with Driver IC, driving license and Insurance Certificate.

Date of Accident: 16/05/2018Time of Accident: 12:08 am / pm / noonExact Location of Accident: CNT ORCHARD SPRING LANE / CUSCADEN RD**Detail of Own vehicle - Policyholder**Name of registered Owner: Motorway Car Rentals Pte LtdNRIC / FIN / Passport number: 199902927CAddress: 1094 Lower Delta Road, Motorway Building (S) 169205H/P: 64682200Fax: 62735535**Vehicle Particulars**Vehicle Registration Number: S4S 6938 YVehicle Make and Model: TOYOTA VIOSPurpose was being used at time of accident: Private use / Commercial use / Hire & rewardAction to be taken for repair your vehicle: Third party claims / Own damage claims / Reporting only**Insurance Company**Name of Insurance Company: Liberty Insurance / Tokio Marine InsuranceType of coverage: Comprehensive / Third Party Fire & Theft / Third party only

Policy number: _____

Details of Own Vehicle - DriverName of Driver: CHRISTOPHER JOHN ROBINSONNRIC / FIN / Passport number: S2759236HDate of Birth: 14/11/1957Occupation: MANAGEMENT CONSULTANTDate of driving pass: 26/04/2012Address: 318 UPPER EAST COAST RD, 05-07 BREEZE BY THE EAST, S 46521H/P: 9665-1556Email: cf-singapore@gmail.comRelationships of the Driver with the Insured: Hire & reward**Information Of The Accident (Please circle)**Injuries even if slight: Yes / NoAny Material or property damaged: Yes / NoWeather conditions: Clear / Raining / DrizzlingRoad surface: Wet / DryWas the accident reporting to the police: Yes / NoWas notice of intended prosecution given: Yes / No If Yes, against to _____

www.motorway.com.sg



MotorWay Car Care Centre Pte Ltd

(CO. REG NO. : 20000-0606-)

1094, Lower Delta Road, Motorway Building, Singapore 169205

Tel: (65) 6468 2200 Fax: (65) 6273 5535

Website: www.motorway.com.sg

Details of Other Vehicle / Property 1Vehicle Registration Number : S1913CDVehicle Make and Model : TOYOTA PREVIAName of Driver : SUNIL MITTERNRIC / FIN / Passport number : S1461920 HAddress : 40 AMERICAN EMBASSY, SINGAPOREH/P : 9248 4536

Insurance Company Name : _____

Details of Other Vehicle / Property 2

Vehicle Registration Number : _____

Vehicle Make and Model : _____

Name of Driver : _____

NRIC / FIN / Passport number : _____

Address : _____

H/P : _____

Insurance Company Name : _____

Details of Witness (If any)

Name : _____

Address : _____

H/P : _____

Email : _____

Details of Injured Person 1 (If any)

Name : _____

Address : _____

Injuries sustained : _____

Injured person in which vehicle : _____

Was injured conveyed to hospital by ambulance : Yes / NO

Details of Injured Person 2 (If any)

Name : _____

Address : _____

Injuries sustained : _____

Injured person in which vehicle : _____

Was injured conveyed to hospital by ambulance : Yes / NO

I / We declare the foregoing particulars are true in every respect

Policyholder's signature : _____

Date and time : / / @ Driver's signature : *[Signature]*Date and time : 16/05/2018 @ 16:45

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Accident Photo



Accident Photo



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