

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	11/06/2018 15:33
Date Of Accident	10/06/2018 18:10
Exact Location Of Accident	LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8567R
Insured/Policyholder	
Name Of Registered Owner	QUEK KENG LENG
NRIC No	S1397295H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96378224
Alternative Phone No	OFFICE-96378224

Vehicle Particulars

Manufacturer	PEUGEOT
Model	5008-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	SD17V05915/VPE2/R00
Cover Note Number	

Driver

Name of Driver	CHUA CHEE TIAK
NRIC No	S0135046C
Date Of Birth	09/11/1953
Occupation	INDOOR
Date Of Driving Pass	18/11/1974
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96378224
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 425 PASIR RIS DRIVE 6 #08-79
Postcode	510425
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	
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

REFER TO ATTACHMENT

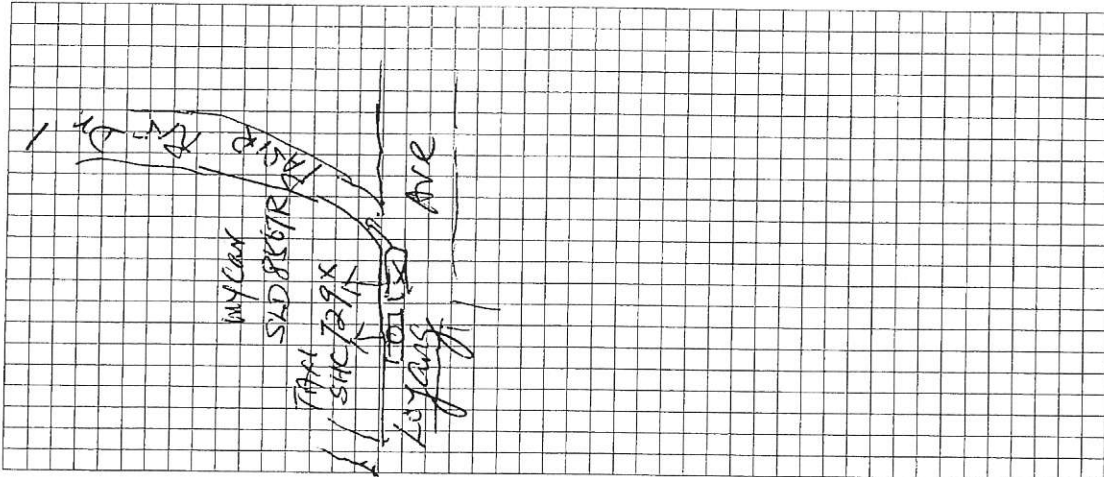
Attachment(s)

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	SCH729X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 10th June 2018, Time around 6.10^{pm} - 6.15pm
I was driving my ~~old~~ vehicle SKD 8567R along
"Loyang Avenue" To ward PAKIR RASDIN.
and the accident occur :- a "Comfort
Delgro TAXI car plate " SHC 729X
suddenly hit from my back " during that
Time the road condition is good, No rain
Thus caused by vehicle SKD 8567R
the black door being damage and
as well the "lower bumper" being Hit.

DECLARATION

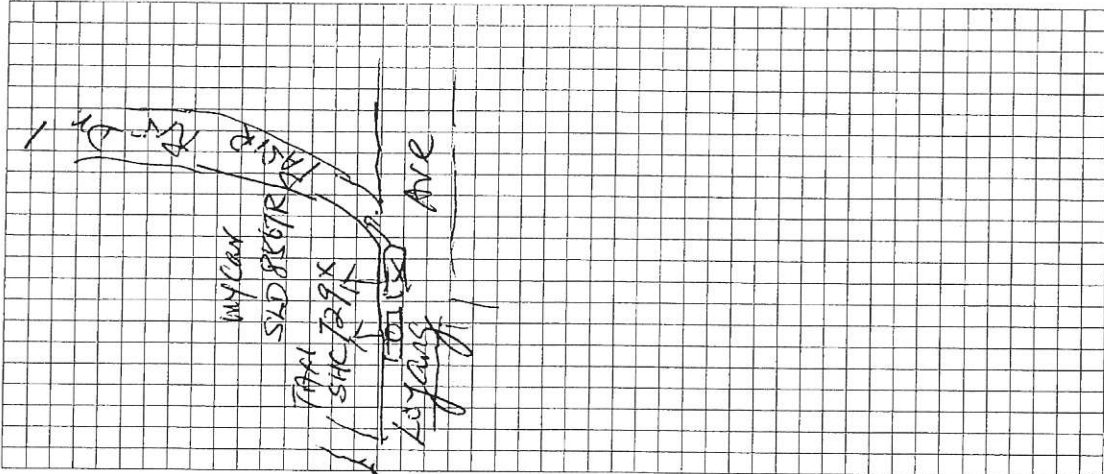
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 11-06-2012
09.20 AM

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 10th June 2018, Time around 6.10^{PM} - 6.15 PM
 I was driving my ~~car~~ vehicle SD 8567R along
 "Loyang Avenue" To ward PARK RES DR 1.
 and the accident occur :- a "Comfort
 Delgro TAXI car plate " SHC 729X
 suddenly hit from my back " during that
 time the road condition is good, No rain
 This caused by vehicle SD 8567R
 the black door being damage and
 as well the "lower bumper" being Hit.

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.:

GIARMC SketchPlanForm_V3

11-06-2018
 09.20 AM

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