MMCC18092671 / Motorway Car Care Centre Pte Ltd - HQ ENTRY DATE & TIME: 18/07/2018 12:10 SUBMITTED BY: Bazlin Binte Ahmad

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	18/07/2018 12:10
Date Of Accident	21/04/2018 10:55
Exact Location Of Accident	JURONG EAST AVE 1 - HDB OPEN CARPARK ENTRANCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ8078G
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBILE LEASING PTE LTD
Co Reg No	200701438D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64682200
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	STAVIC 2.0D AUTO 2WD 7 SEATER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE / PERSONAL 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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	18-MV001226-R02
Cover Note Number	
Driver	
Name of Driver	SITI SYAHIDAH BINTE SAAID
NIDIO Na	00000044

 NRIC No
 \$9339804A

 Date Of Birth
 22/10/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 07/08/2012

Driving Experience 5 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97490020

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 331 JURONG EAST AVE 1 #03-1728 SINGAPORE 600331

Postcode

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 - 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?

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 1

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER ATTACHED SKETCH / STATEMENT AND VIDEO FOOTAGE

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 SLF8365X

Vehicle Make/Model/Colour HONDA VEZEL

Details Of Properties VEH.B

Vehicle Category PRIVATE CAR
Name of Driver TAN WAH MAY
NRIC/Passport Number S7119576G
Contact Number 94367868

Address Postcode

Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

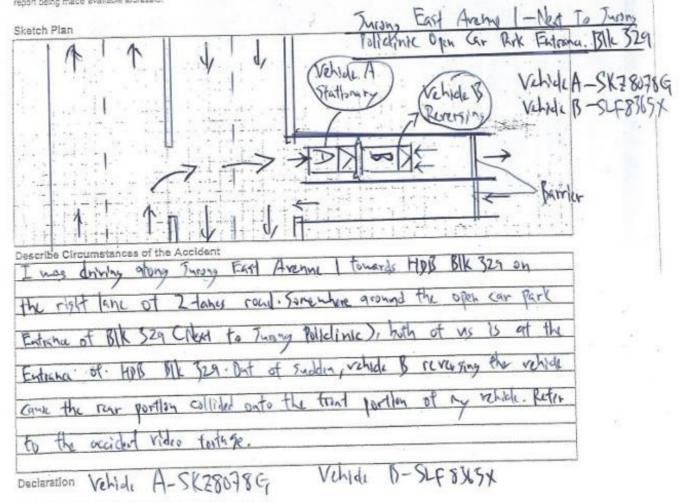
Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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

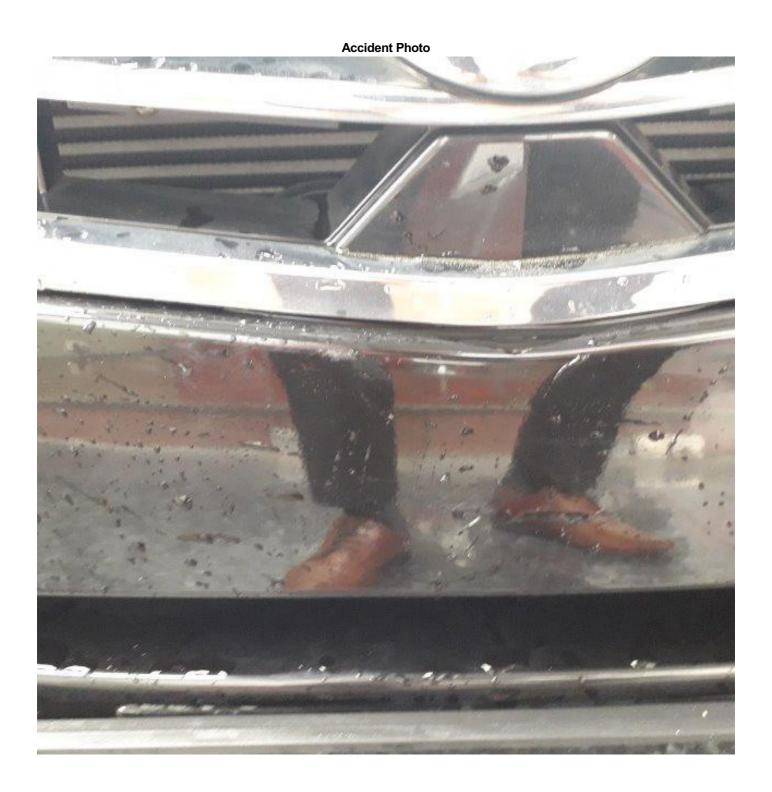
Policyholder's Signature / Date &

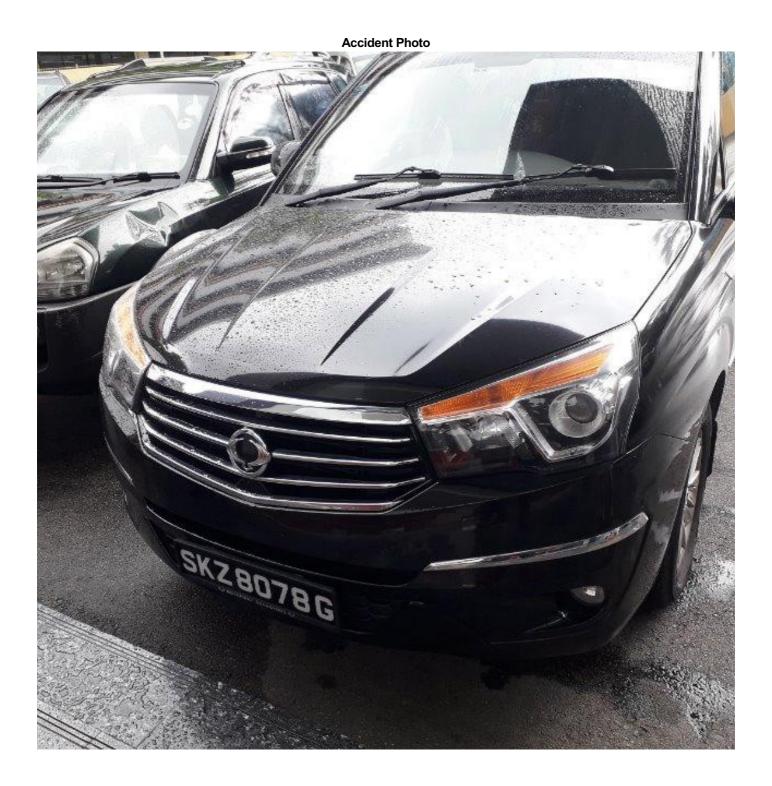
Driver's Signature (if driver is not the policyholder) / Date & Time

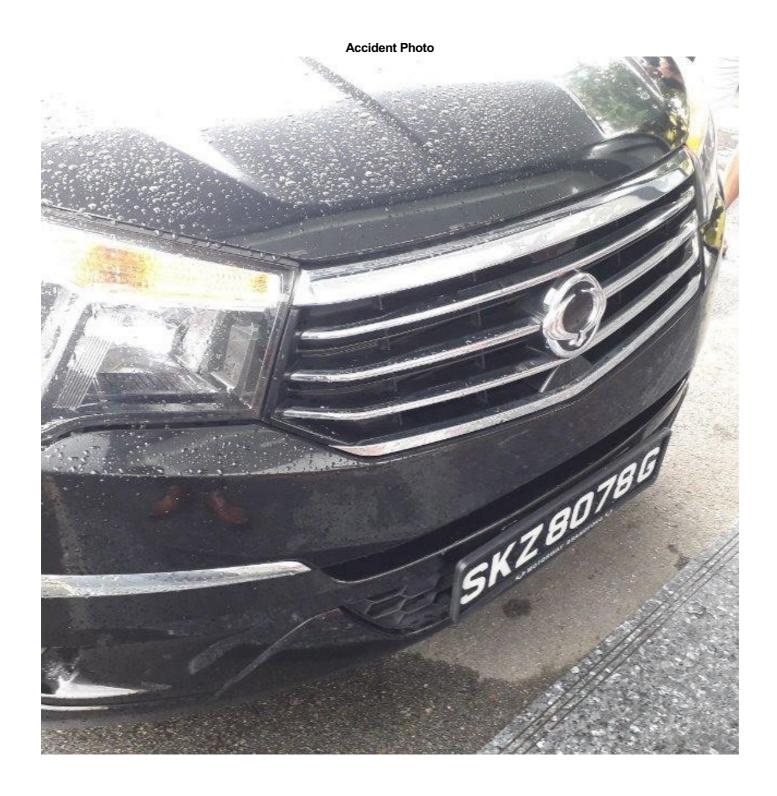
Witnessed by Reporting Centre Personnel

Accident Photo









Accident Photo



Accident Photo

