

## 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	06/08/2018 14:23
Date Of Accident	06/08/2018 08:35
Exact Location Of Accident	BKE TOWARDS PIE B4 ERP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1582B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK SER KHOON
NRIC No	S7309568I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90287447
Alternative Phone No	OTHERS-98176021

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA349986/1
Cover Note Number	03/05/2018 TO 02/05/2019

### Driver

Name of Driver	RAMAIYAN ARIVALAGAN
NRIC No	S8085728D
Date Of Birth	12/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98176021
Fax Number	
Contact Number	OTHERS-90287447
EMail Address	NOEMAIL

No. Of Passenger (Including Driver)

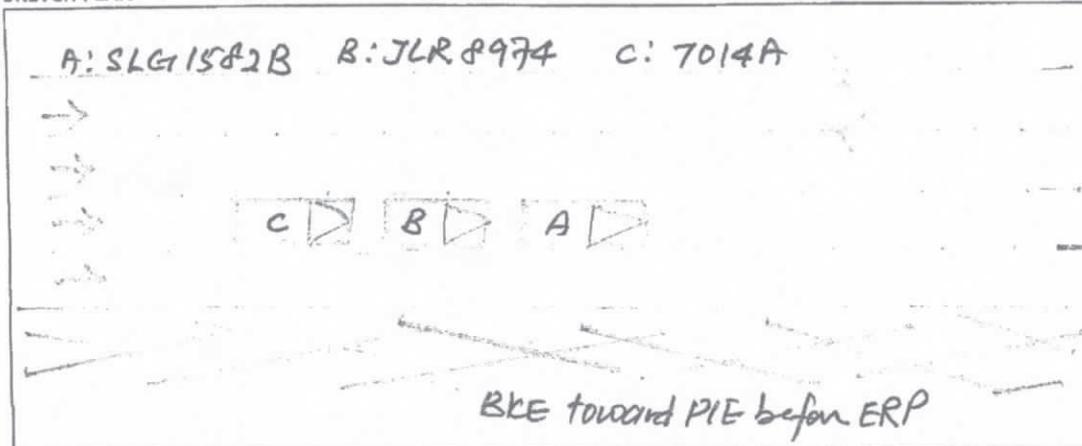
**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	GBC7014A
Vehicle Make/Model/Colour	NISSAN NV200-GREY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAIRI BIN SAMADI
NRIC/Passport Number	S1292801G
Contact Number	96744232
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 2

Date of accident: 6/8/2018 Time: 0835hrs Location: BKE tnds PIE B4 ERP  
 My Vehicle A: SLG1582B Vehicle B: JLR 8974 Vehicle C: GBC 7014A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach Police Report.

Claim OD/TP at Ah Lim Motor  Claim OD/TP at other workshop  Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Guan Motor Works  
 Email address : guanmotorworks@gmail.com  
 & myself :  
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Vehicle SLG 1582B

[Signature]  
 Policyholder's Signature  
 Date & Time:

[Signature]  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 6/8/18

[Signature]  
 Reporting Centre Person's Signature  
 Name: MUA  
 NRIC/FIN No.: 618118  
 AH LIM MOTOR COMPANY



Police Report Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180806/2059

2 of 4

Report No. T/20180806/2059

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLG1582B	AXA INSURANCE SINGAPORE PTE LTD	GA349986/1	03/05/2018	02/05/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	SAIRI BIN SAMADI	ID No.	S1292801G	
Related Vehicle	GBC7014A (Car)	Contact No.	96744232	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
<b>Driver</b>				
Name	LEE KUO LIANG	ID No.	G8367541T	
Related Vehicle	JLR8974 (Car)	Contact No.	84047678	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
<b>Driver</b>				
Name	RAMAIYAN ARIVALAGAN	ID No.	S8085728D	
Related Vehicle	SLG1582B (Car)	Contact No.	98176021	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	



**SINGAPORE  
POLICE FORCE**



T/20180806/2059

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 4

Report No. T/20180806/2059

**CONTINUATION OF REPORT**

**Brief Details.**

On 06th August 2018 at 8.35am, I was driving my vehicle registration number: SLG1582B along BKE towards PIE before ERP along second lane. While I was driving, it was a slow moving traffic. Then, there was a vehicle ahead of me making a stop. I applied brake and managed to stop on time. While I was in the stationary position, there was an impact from my rear. I alighted that there was another vehicle registration number: JLR8974 (V2) had collided to my vehicle. I also noticed that it was chain collision as there was another vehicle registration number: GBC7014A (V3) collided to V2's rear portion. As a result, V2's moved forward and collided V1's rear portion.

I managed to exchange particulars with the other driver at that point of time. I had reported the matter to my workshop personnel and she called up driver (V2) and claimed that he might be going to seek medical attention.

I am going to lodge a Police report for insurance claimed.

Vehicle owner: Quek Ser Khoon (Boss)



**SINGAPORE  
POLICE FORCE**



T/20180806/2059

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

4 of 4

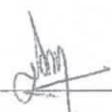
Report No. T/20180806/2059

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sr Staff Sgt MOHAMAD FARID BIN JAMAL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2018 12:58
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: <div data-bbox="630 1758 1125 1982" style="border: 1px solid black; padding: 5px; display: inline-block;">  <span style="margin-left: 10px;">SINGAPORE POLICE FORCE</span> <div style="float: right; margin-top: -20px;">SN 070</div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>         SIGNATURE       </div>
Authentication Stamp NP168	