SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	11/08/2018 01:08
Date Of Accident	10/08/2018 14:00
Exact Location Of Accident	ALONG PUNGGOL EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU2566T
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE. LTD
Co Reg No	198105775H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68820888
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M460802
Cover Note Number	N.A.
Driver	
Name of Driver	TAN BAN HONG
NRIC No	S7924122I
Date Of Birth	17/08/1979
Occupation	INDOOR
Date Of Driving Pass	01/04/2004
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90118083

OFFICE-90118083

NOEMAIL

Address

BLK 637A PUNGGOL DRIVE

#11-431

Postcode

821637

OTHER - HIRER

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

NO

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?

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 was traveling along Punggol East on the left lane. I braked my car to a stop when taxi SH7699X from behind collided onto the rear of my car. Damages to my car were on the rear portion. No injuries were involved.

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

SH7699X

Vehicle Make/Model/Colour

HYUNDA/I40 1.7L CRDI/BLU

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

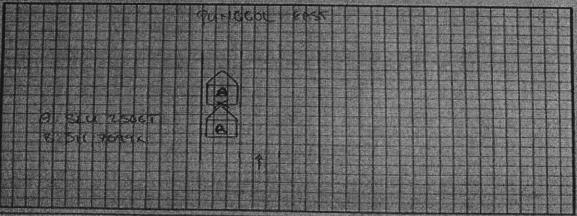
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

Percyholder's Segnature / Online S Time Dover's Signature (if diner is not the policyholder) / Date & Time Witnessed by Reporting Coopers Signature (if diner is not the policyholder) / Date & Time Witnessed by Reporting Coopers Sixeroty Place





Common Statement

ACCIDENT STATEMENT (2000 characters)	
I was traveling along Punggol East on th SH7699X from behind collided onto the rear portion. No injuries were involved.	e left lane. I braked my car to a stop when taxi rear of my car. Damages to my car were on the
Taxi Voucher No :	
DECLARATION	
I/We declare that the above particulars & information provide	d above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD FAIZAL BIN PABILA	
MARS Officer	Envistant Owner or Principle State
Job Complete Date/Time	Registered Owner or Driver's Signature Date/Time:

10 August 2018 at 5.41 PM

10 August 2018 at 5:41 PM