Survey only 4/12/18 Tues

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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	26/11/2018 22:42
Date Of Accident	26/11/2018 08:10
Exact Location Of Accident	ALONG QUEEN ST
Country/State of Loss	SINGAPORE
Committee of the second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU1739C
Insured/Policyholder	
Name Of Registered Owner	LIEW SIOW HWEI
NRIC No	S7341533J
Email Address	SIOWHWEI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81189811
Alternative Phone No	OTHERS-81189811
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 CVT
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00002861-01
Cover Note Number	N.A
Driver	
Name of Driver	LIEW SIOW HWEI
NRIC No	S7341533J
Date Of Birth	19/11/1973
Occupation	INDOOR
Date Of Driving Pass	24/10/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81189811
Fax Number	

OTHERS-81189811

SIOWHWEI@GMAIL.COM

Address NA

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

NO

YES

NO

NO

NO

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I SGU1739C was driving along queen street on the 3rd lane. As I was traveling with a slow speed due to the traffic ahead, suddenly I felt an impact from my vehicle. As I get down from my vehicle I discover that my vehicle was knock by the other party SLF5647C.As I couldn't see any damage on my vehicle we did not exchange our particular.As I reach my destination I found out that the other party had collided onto my front right bumper while he wanted to make a lane change onto my lane. No injuries was involved at the scene

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 SLF5647C

Vehicle Make/Model/Colour BMW / 430I GRAN COUPE M SPORT SR HID NAV HUD / WHITE

Details Of Properties N.A

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

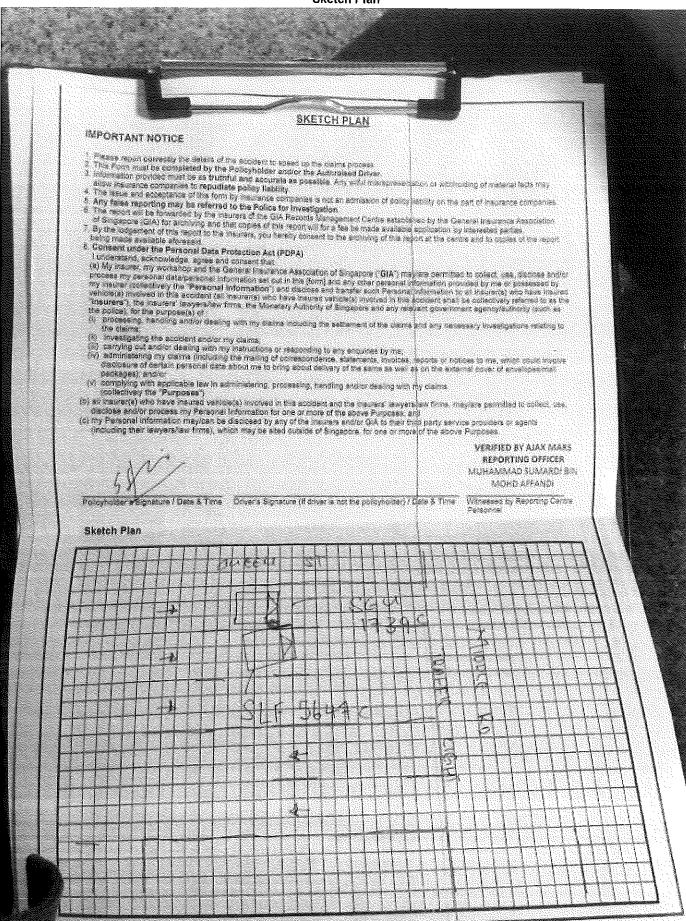
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provi	ided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD SUMARDI BIN MOHD AFFANDI	9 W
MARS Officer	
Job Complete Date/Time	Registered Owner or Driver's Signature Date/Time;
26 November 2018 at 4:33 PM	26 November 2018 at 4:33 PM