MBHH19001374 / Ajax Mars Pte Ltd - Bukit Merah ENTRY DATE & TIME: 04/01/2019 02:24 SUBMITTED BY: Susan Neo

# 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 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 04/01/2019 02:24 Date Of Accident 03/01/2019 10:05

**Exact Location Of Accident** ALONG DUNERAN ROAD

Country/State of Loss **SINGAPORE** 

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SLS4581X

Insured/Policyholder

Name Of Registered Owner MARAN S/O GOPALA KRISHNAN

NRIC No S7214437F

**Email Address** MARAN G@YAHOO.COM Mobile Phone No (LOCAL) +65-93238608

Alternative Phone No Office-93238608

**Vehicle Particulars** 

Manufacturer **SUBARU** 

Model FORESTER 2.0XT

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 REPORTING ONLY Vehicle Category PRIVATE CAR

**Insurance Company** 

Name of Insurance Company FWD SINGAPORE PTE. LTD.

**COMPREHENSIVE** Type Of Coverage

Fleet Policy NO

PNPV2018-00014900 Policy Number

Cover Note Number N.A.

**Driver** 

Name of Driver MARAN S/O GOPALA KRISHNAN

NRIC No S7214437F Date Of Birth 23/04/1972 Occupation **INDOOR** 11/01/2002 Date Of Driving Pass

16 YEARS AND 11 MONTHS Driving Experience

Gender **MALE** 

Mobile Number (LOCAL) +65-93238608

Fax Number

Contact Number OFFICE-93238608

**EMail Address** MARAN G@YAHOO.COM

1 BALMORAL ROAD Address

#01-02

Postcode 259784

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved

in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

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 driving along Dunearn Road when I accidentally touch against the rear of vehicle B. However, no damages on both cars. No injury involved.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC371T

Vehicle Make/Model/Colour TOYOTA/PRIUS HYBRID 1.

**Details Of Properties** 

Vehicle Category **TAXI** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

E-FILE 1/8/2019

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# **Sketch Plan** SKETCH PLAN Sketch Plan

**Common Statement** 

E-FILE 1/8/2019

ACCIDENT	STATEMENT	(2000	characters
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However, no damages on both cars. No	accidentally touch against the rear of veh b. o injury involved.
Taxi Voucher No.:	
DECLARATION	
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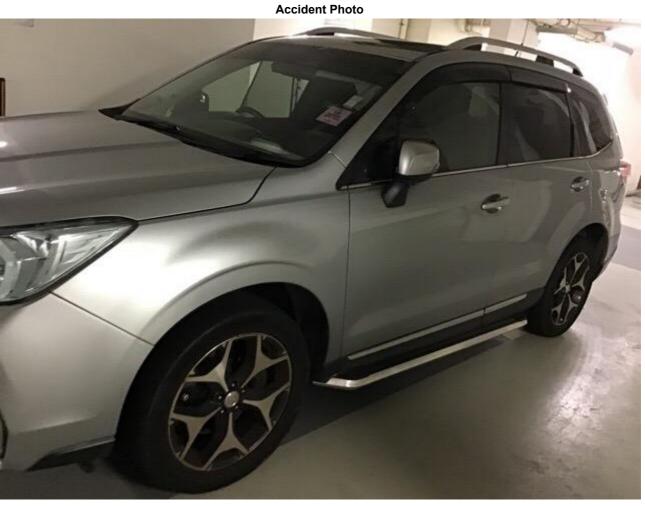


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# **Accident Photo**











# **Accident Photo**



