

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 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
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00014900
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
Date Of Driving Pass	11/01/2002
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93238608

Fax Number	
Contact Number	OFFICE-93238608
EEmail Address	MARAN_G@YAHOO.COM
Address	1 BALMORAL ROAD #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

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 (including own vehicle) involved in the accident	2
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 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?	NO

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	

1/8/2019

E-FILE

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

[illegible]

https://singapore.merimen.com/claims/index.cfm?fusebox=SVCdoc&fuseaction=dsp_viewersmart&ftype=2&docid=39142701&corole=2&CFID=4... 4/21

ACCIDENT STATEMENT (2000 characters)

I was driving aloNg Dunearn rd when I accidentally touch against the rear of veh b. However, no damages on both cars. No injury involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 January 2019 at 7:22 PM

Date/Time:

3 January 2019 at 7:22 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License



Driving License

