

### 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	25/01/2019 16:32
Date Of Accident	22/01/2019 18:05
Exact Location Of Accident	JALAN BUKIT MERAH TIONG BAHRU
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8184Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUBRAMANIAM RAMANATHAN BUVANESWARAN
NRIC No	S2221051C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91477629
Alternative Phone No	OTHERS-91477629
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	VEZEL 1.5X A
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
<b>Insurance Company</b>	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
<b>Driver</b>	
Name of Driver	SANTOSI BUVANESWARRAN
NRIC No	S9110881Z
Date Of Birth	11/03/1991
Occupation	INDOOR
Date Of Driving Pass	20/05/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91477629
Fax Number	
Contact Number	
EMAIL Address	NOEMAIL

Address 104 POTONG PASIR AVENUE 1 #02-394 SPORE 350104  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SIBLING  
 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? NO  
 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) 2  
 Passenger 1 NAME: : SUBRAMANIAM RAMANATHAN BUVANESWARAN  
 GENDER: : MALE

**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**

REFER TO SKETCH PLAN

**Attachment(s)**

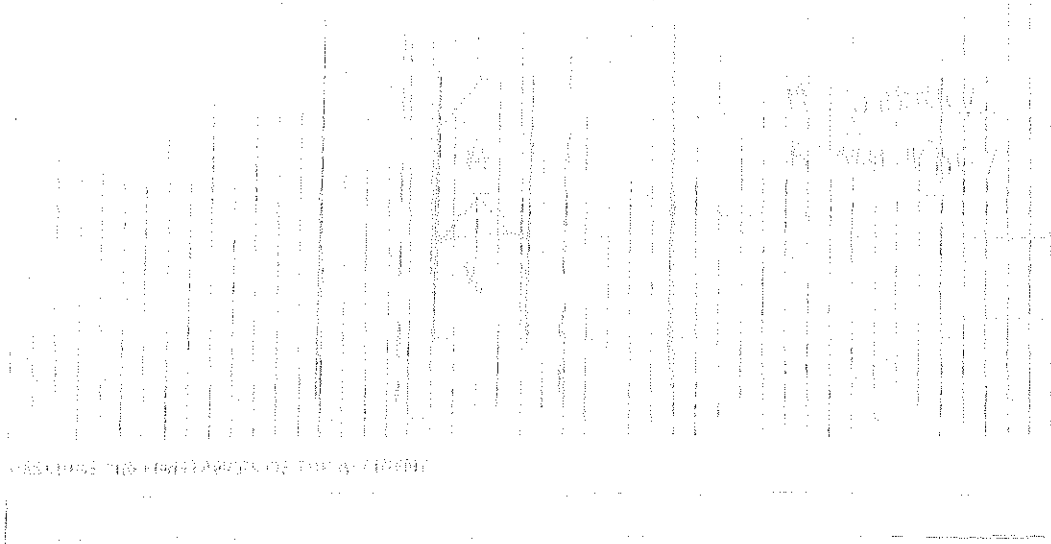
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLH4950Y  
 Vehicle Make/Model/Colour TOYOTA WISH 1.8 CVT  
 Details Of Properties  
 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)



Sketch Plan #2



I was driving along Jalan Bukit Merah towards  
Tiong Bahru on the second lane. My car was  
stationery waiting for the traffic light. While  
waiting for a few seconds suddenly I felt an impact  
from the back portion of my vehicle.


**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature  
Name: [Name]

\_\_\_\_\_  
Insurer's Signature  
in charge of the policy issued  
Date: [Date]

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: SUHAIMI  
NRP/IC No: 98040977A