

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 Authorized Driver.
3. Information provided must be as true and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The use 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 information provided may constitute an offence under the Road Traffic Act.
6. This report will be forwarded to the relevant authorities for their use. The Road Motion Complaint Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the signment of this report to the insurers, you hereby consent to the archiving of this report at the entire and to copies of this report being made available elsewhere.

ACCIDENT STATEMENT

Date Of Report 14/03/2019 14:53
Date Of Accident 14/03/2019 09:00
Exact Location Of Accident TOH TUCK ROAD TRAFFIC JUNCTION
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV803S

Insured/Policyholder Name Of Registered Owner COMFORTDELGRO RENT-A-CAR PTE LTD

Co Reg No 193105775H

Email Address NOEMAIL

Mobile Phone No OFFICE-69920907

Alternative Phone No

Vehicle Particulars

Manufacturer HONDA

Model CIVIC 1.6 VTI CVT

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 for repair to your vehicle? THRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD

Name of Insurance Company COMPREHENSIVE

Type Of Coverage YES

Flat Policy M460902

Policy Number

Cover Note Number

Driver

Name of Driver GOR CHENG HOE

NRIC No S1232154F

Date Of Birth 22/03/1957

Occupation INDOOR

Date Of Driving Pass 18/10/1978

Driving Experience 40 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98303017

Fax Number

Contact Number NOEMAIL

Email Address

Address NIL

Postcode

If No. Relationship of the Driver with the Insured NO

Vehicle Registration Number of Driver's Own OTHER - HIRER

Vehicle

Insurance Company of Driver's Own Vehicle

Insurance Company Name

Nature Of Damage

No. Of Passenger (including Driver) 1

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) 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 travelling along Toh Tuck Road at traffic light junction. I was on the second lane. My car was stationary and when the traffic light turns green I slowly drive my vehicle when this vehicle SLB1129D coming fast from the back and hit my rear bumper of my vehicle. 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? YES

Remarks/ Reasons: PENDING VIDEO FROM INSURED

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB1129D

Vehicle Make/Model/Colour SUBARU / FORESTER 2.0 / GREY

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver PREMA D/O KADIRVAL MRS PREMA JAGANATHAN

NRIC/Passport Number S7728149E

Contact Number 90220958

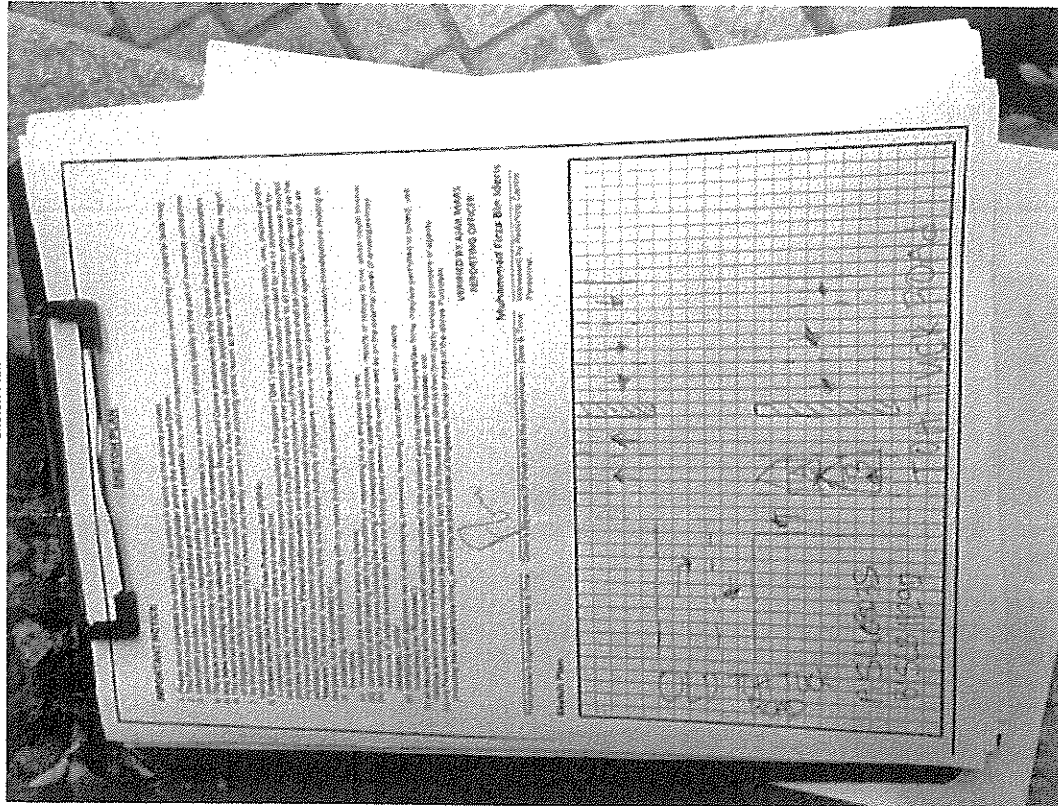
Address

Postcode

Insurance Company Name FWD SINGAPORE PTE. LTD.

Nature Of Damage

No. Of Passenger (including Driver) 1



ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No

DECLARATION

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

VERIFIED BY AMX MAOS REPORTING OFFICER
MUHAMMAD FIRZA BIN IDARIS

FLGAT

MAOS Officer

Registree Officer or Officer's Signature

Job Complete Date/Time

Date/Time

14 March 2019 at 11:23 AM

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