

## 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	12/03/2019 03:57
Date Of Accident	11/03/2019 08:00
Exact Location Of Accident	ALONG BRADDELL ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5001S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM BENG CHAI
NRIC No	S1470059E
Email Address	LIMLA1961@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96343822
Alternative Phone No	OFFICE-96343822

### Vehicle Particulars

Manufacturer	NISSAN
Model	XTRAIL
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	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	PNPV2017-00001629-02
Cover Note Number	

### Driver

Name of Driver	LIM BENG CHAI
NRIC No	S1470059E
Date Of Birth	03/04/1961
Occupation	INDOOR
Date Of Driving Pass	27/04/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96343822
Fax Number	
Contact Number	OFFICE-96343822
Email Address	LIMLA1961@GMAIL.COM

Address	NIL
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : JERMAINE LIM GENDER: : FEMALE
Passenger 2	NAME: : JACIE LIM GENDER: : FEMALE

#### 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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD, FROM A MINOR ROAD ENTERING INTO THE MAIN ROAD OF BRADDELL ROAD. WHEN MY VEHICLE WAS HALFWAY INTO THE MAIN ROAD, VEHICLE B COMING FROM MY REAR, OVERTOOK ONE VEHICLE BEHIND ME AND SQUEEZED BETWEEN THE KERB AND MY VEHICLE AND GRAZED AGAINST THE LEFT REAR PASSENGER DOOR OF MY VEHICLE, AS SEEN IN THE PICTURES I AM SUBMITTING TO MY INSURANCE. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING PROM INSURED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7198B
Vehicle Make/Model/Colour	HYUNDAI I40 BLUE
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	NA

NRIC/Passport Number

Contact Number

Address

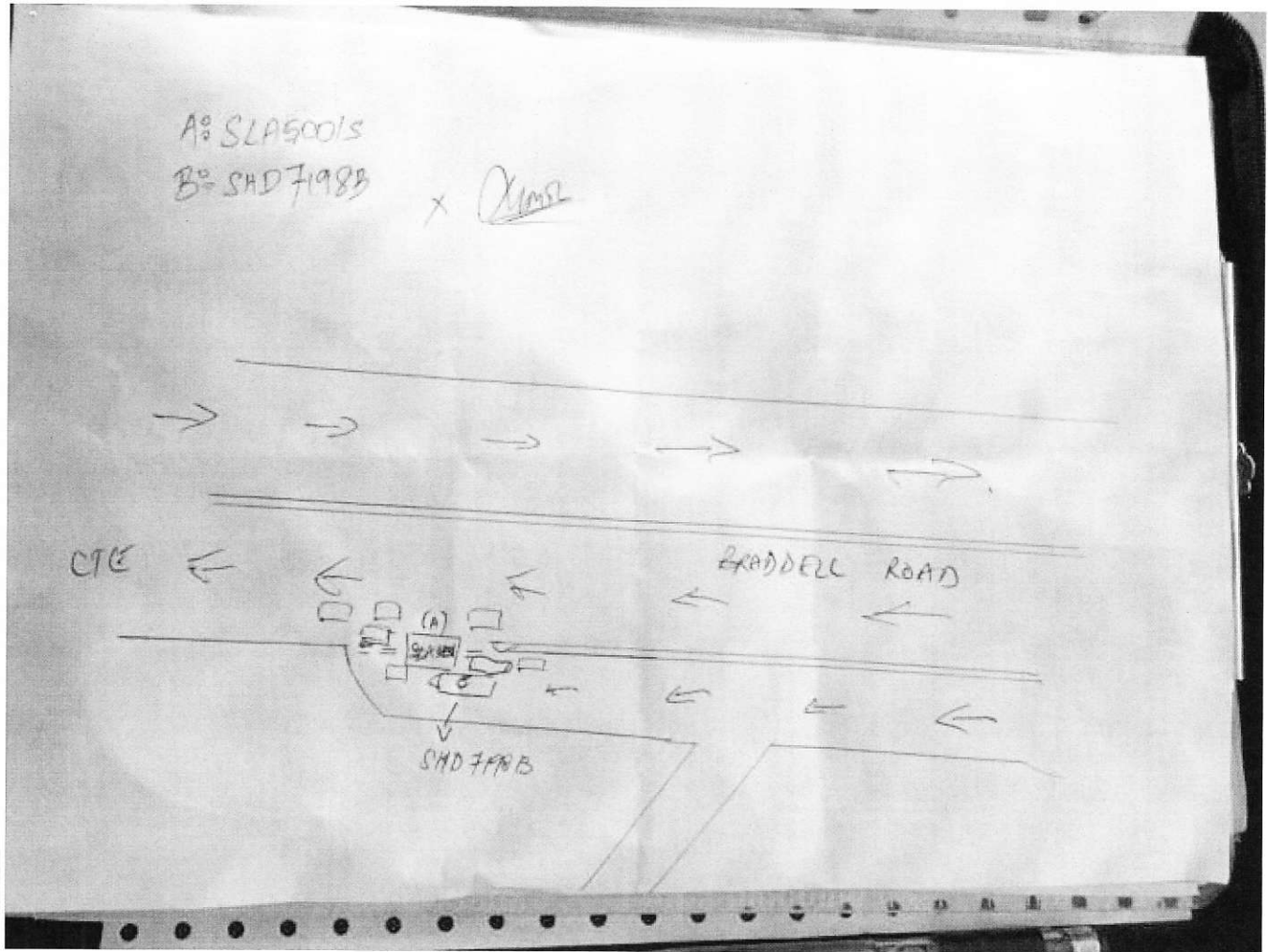
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



## Common Statement

### ACCIDENT STATEMENT (2000 characters)

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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 -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 March 2019 at 11:59 AM

Date/Time:

11 March 2019 at 12:00 PM