### 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/03/2019 11:28
Date Of Accident	26/03/2019 20:55
Exact Location Of Accident	ALONG SEMBAWANG ALLEY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT163R
Insured/Policyholder	
Name Of Registered Owner	TAY BOON CHING
NRIC No	S8009581C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91526232
Alternative Phone No	OFFICE-91526232
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.4 TFSI S TRONIC (NAV)
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10757921
Cover Note Number	

### **Driver**

Name of Driver TAN SUET LI, MICHELLE( CHEN XUELI, MICHELLE)

NRIC No S8306884A

Date Of Birth 16/03/1983

Occupation INDOOR

Date Of Driving Pass 13/11/2010

Driving Experience 8 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91526232

Fax Number
Contact Number

EMail Address MWERKZ@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

### **General Information of the Accident**

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

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Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

## **Circumstances of Accident**

I was waiting for my Husband and kids along Sembawang Alley after dropping them off, when a car that was parked stationary next to me suddenly reversed into my driver side door. Both me and the other driver was parked head-in and thus he needed to reverse to move out of his current position. I've no idea why he reversed sideway instead of backwards instead. The driver claim he reversed his car after picking up his passengers and collided into my vehicle. Damages of my car right side position. No injuries were 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 SJX3144D

Vehicle Make/Model/Colour TOYOTA/COROLLA ALTIS 1.6 AUTO

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SAHARI BIN MAHMOOD

NRIC/Passport Number S0082835A Contact Number 93861943

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

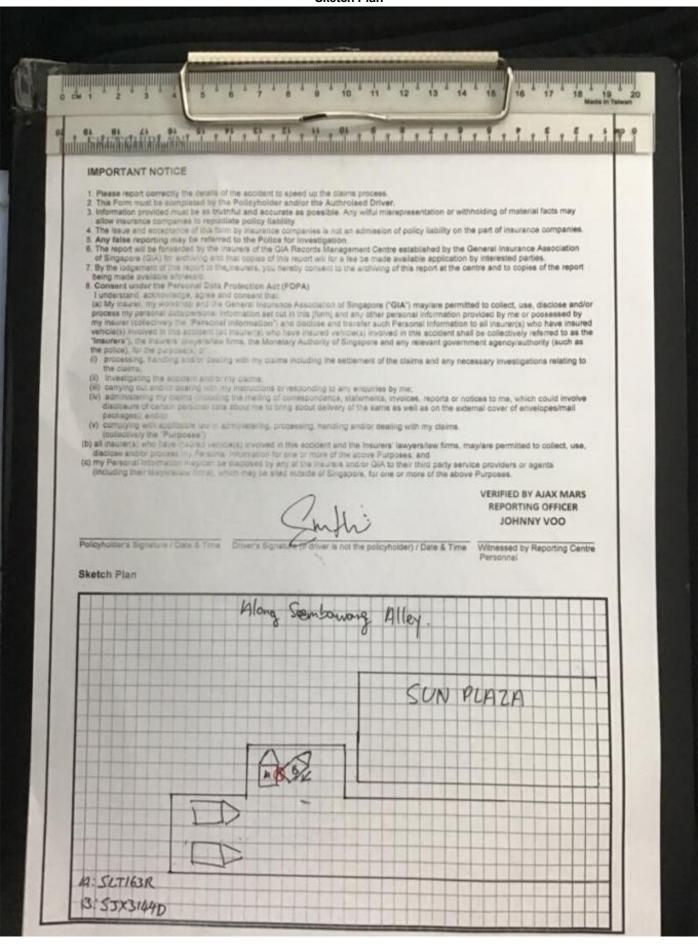
3

Passenger 1 NAME: : PASSENGER 1

GENDER: : MALE

Passenger 2 NAME: : PASSENGER 2

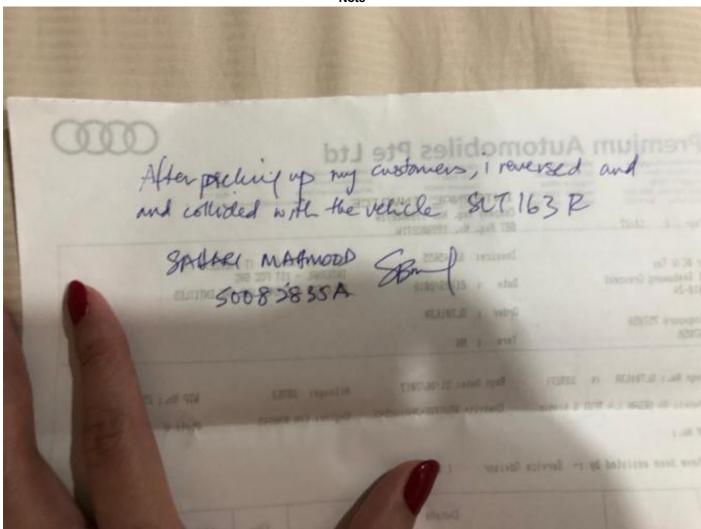
GENDER: : FEMALE



# Common Statement Pg. 1

# **ACCIDENT STATEMENT (2000 characters)**

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Taxi Voucher No.:		
DECLARATION		
I/We declare that the above particulars & information provid	ed above are true in every aspect	
VERIFIED BY AJAX MARS REPORTING OFFICER - JOHNNY VOO CHEON YEE	SATT.	
MARS Officer		
	Registered Owner or Driver's Signature	
Job Complete Date/Time	Date/Time:	
27 March 2019 at 10:07 AM	27 March 2019 at 10:07 AM	







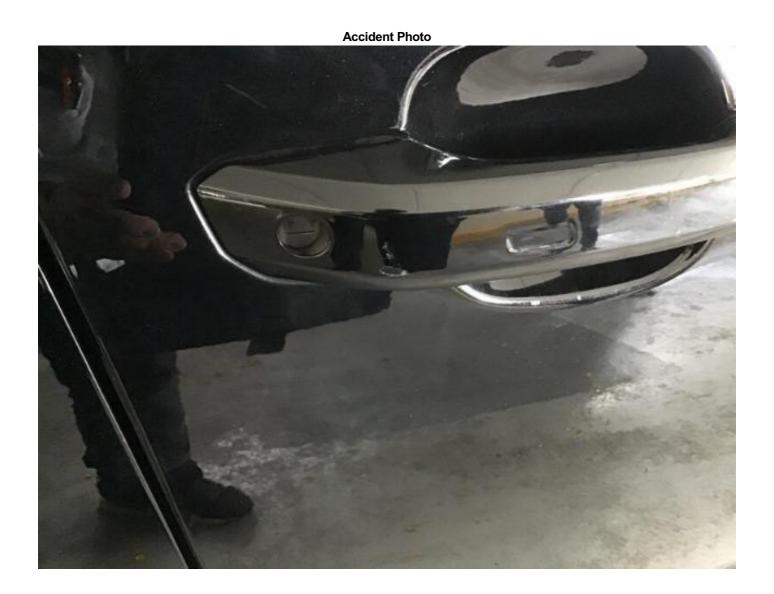




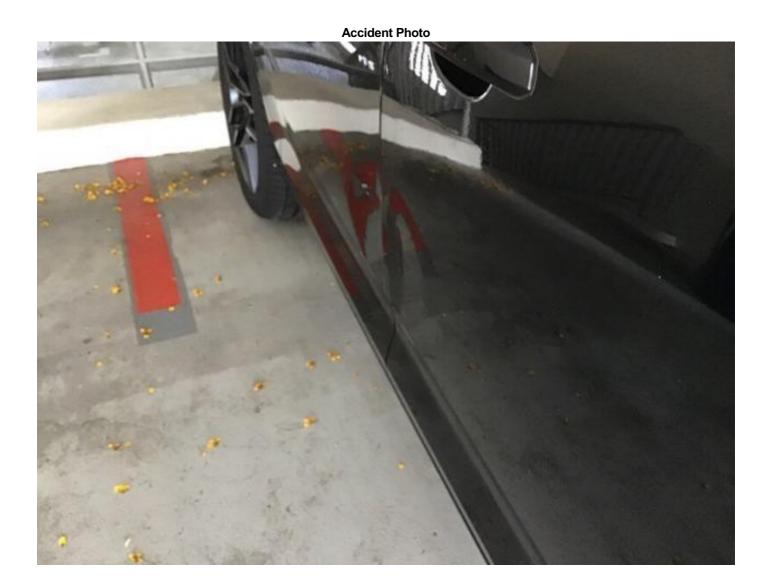




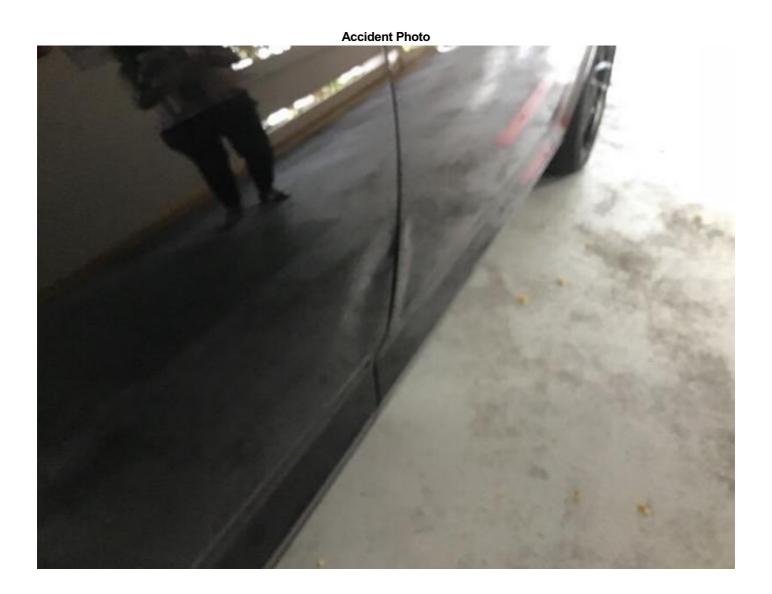














### **Identification Card**

