

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	12/04/2019 16:30
Date Of Accident	11/04/2019 16:00
Exact Location Of Accident	SLIP RD EXITING CLEMENTI AVE 5 / CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW6378U
Insured/Policyholder	
Name Of Registered Owner	LOW YONG FATT
NRIC No	S1329331G
Email Address	GLYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97419262
Alternative Phone No	OFFICE-97419262

Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LOW YONG FATT
NRIC No	S1329331G
Date Of Birth	03/11/1958
Occupation	INDOOR
Date Of Driving Pass	19/12/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97419262
Fax Number	
Contact Number	OFFICE-97419262
Email Address	GLYONG@GMAIL.COM

Address	BLK757 JURONG WEST AVE 5
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 - 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

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE UNABLE TO RESIZE
Was there any audio recorded?	NO

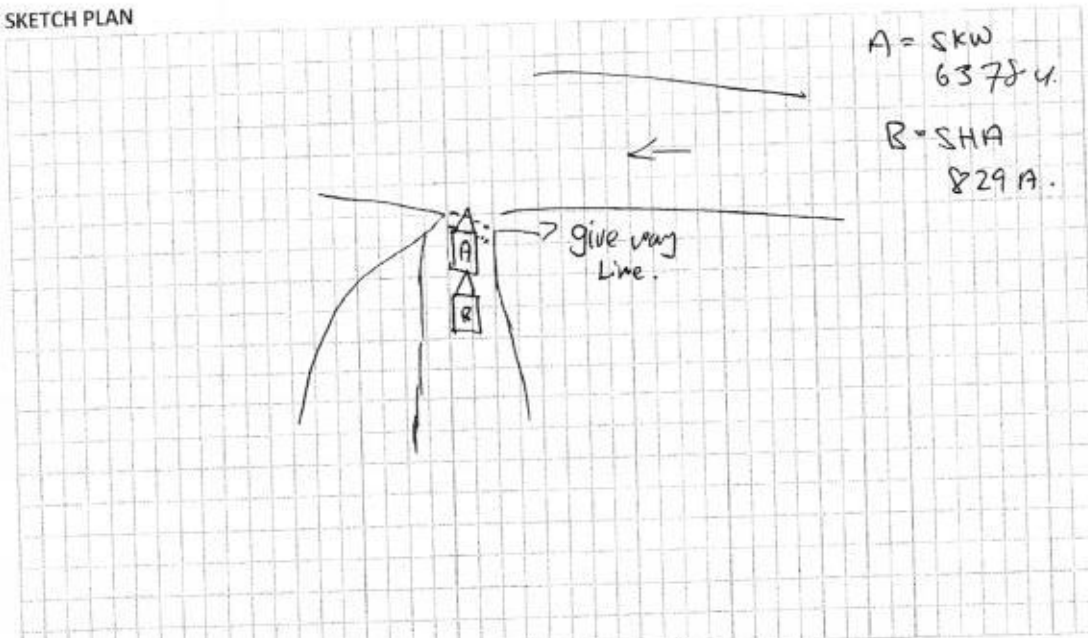
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA829B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

Vehicle Number: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 11 April 2019 at 1600 hrs, I was at the slip road leading from Clementi Ave 5 wait at the line to exit into Clementi Ave 2, a yellow taxi SHA 829 B driven by Mr Rajamanickam hit the rear of my vehicle directly. I will be going a medical check up as I feel there is pain on my back.

DECLARATION

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

Cur 12/4/19 09:18 hrs

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Just

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: