

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	23/05/2019 18:33
Date Of Accident	23/05/2019 13:35
Exact Location Of Accident	BEDOK STH AVE 1 BEFORE JUNCTION UPP EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML683L
Insured/Policyholder	
Name Of Registered Owner	LIM YANNYI
NRIC No	S7312987G
Email Address	YANNYI33@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90073328
Alternative Phone No	OFFICE-90073328

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180 (R18 BI)
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00637822
Cover Note Number	

Driver

Name of Driver	LIM YANNYI
NRIC No	S7312987G
Date Of Birth	09/04/1973
Occupation	INDOOR
Date Of Driving Pass	24/01/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90073328
Fax Number	
Contact Number	OFFICE-90073328
EEmail Address	YANNYI33@YAHOO.COM.SG

Address	25 FERNSVALE CLOSE #14-13
Postcode	797462
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?	
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 ATTACHED.

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	SHC8685K
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)	

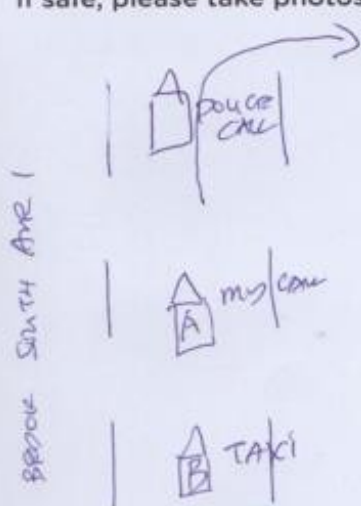
Accident Toolkit

Sketch plan

Sketch of accident scene:

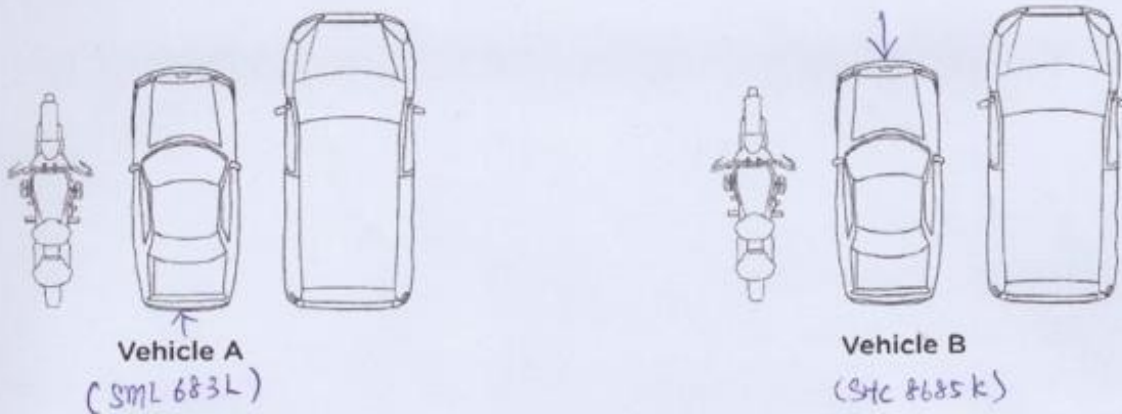
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



I WAS TRAVELING ALONG BRIDGE SOUTH ROAD AVE
 I WHEN THE ACCIDENT HAPPENED AT 1.34PM
 MY CAR WAS STATIONARY AT THAT TIME AND
 WHEN AS IT WAS RED LIGHT AND WHEN IT TURNED
 OCCURED. I WAS ABOUT TO TURN RIGHT INTO
 UPPER EAST BAY ROAD WHEN THE TAXI
 DROVE INTO MY BACK OF CAR. I TOOK PICTURES
 OF THE ACCIDENT AND THE DRIVER DETAILS.

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



23/9/19 15:10pm

Call us direct
 Customer Care
6665 5555
 Claims Support 24/7 Hotline
6532 1818
*65 6603 3099 (from overseas)

Driving License



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S):

- | Class | Description | Pass Date |
|----------|---|-------------|
| Class 2B | Motorcycles \leq 200 cc | 19 Jul 2008 |
| Class 4 | Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg | 07 Oct 1975 |
| Class 5 | Heavy motor cars and motor tractors $>$ 2500 kg | 29 Nov 1978 |
| | Motor vehicles $>$ 7250 kg not constructed to carry any load | 02 Apr 1979 |

License No: 500815732

Driving License



Driving License



Identification Card



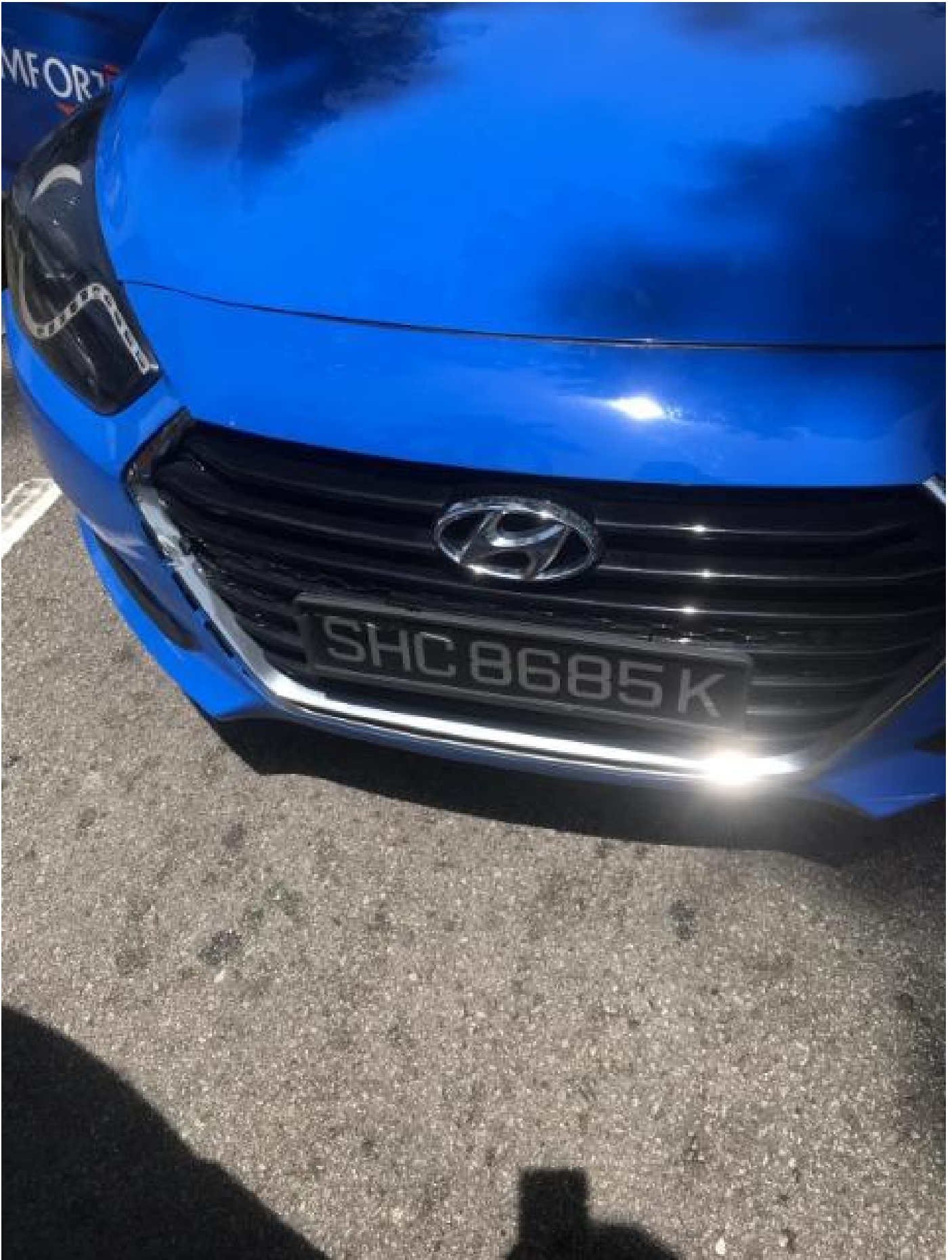
Accident Photo



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