

LKK Summer 61418434

MAJ20057483 / Ah Lim Motor Company - MKK
PRINT DATE & TIME: 07/07/2020 11:30
SUBMITTED BY: Zila

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 07/07/2020 15:44

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 willful 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 07/07/2020 11:30
Date Of Accident 05/07/2020 20:20
Exact Location Of Accident TRAFFIC JUNCTION OF BT BATOK EAST AVE 6 & 3
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX3481G
Insured/Policyholder SG MOTOR RENTAL & LEASING PTE LTD
Name Of Registered Owner 2XXXXX497E
Co Reg No ACM.CHANG@OUTLOOK.COM
Email Address (LOCAL) +65-97681946
Mobile Phone No OFFICE-97681946
Alternative Phone No

Vehicle Particulars

Manufacturer HYUNDAI
Model AVANTE-1.6 HD (A)
Exact Purpose for which vehicle was being used at time of accident HIRE & REWARDS
Are you claiming under your own insurance policy NO
for repair to your vehicle?
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number 20-MS006719
Cover Note Number 29/05/2020 - 28/05/2021

Driver

Name of Driver THAM CHI LEONG ALWYN
NRIC No SXXXXX669C
Date Of Birth 12/12/1979
Occupation INDOOR
Date Of Driving Pass 28/12/2007
Driving Experience 12 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97681946
Fax Number
Contact Number OTHERS-97681946
Email Address QUIKFEET180@GMAIL.COM

Address 156 YUNG LOH RD
Postcode #08-22 610156
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
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) 2
Passenger 1 NAME: : YUN RU
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

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

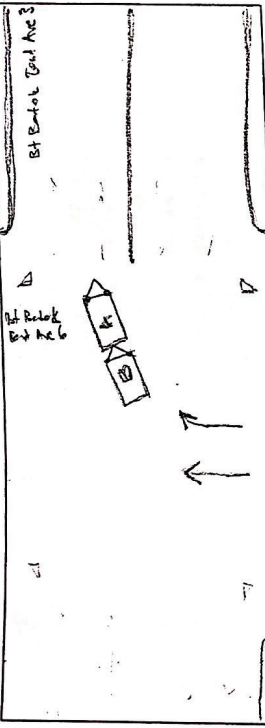
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: WITH OWNER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW5992R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Date of accident: 05/07/2020 Time: 8:30pm Location: Traffic junction of Bt Batok East Ave 6 & 3

My Vehicle A: SLX 3481 G Vehicle B: SLX 5943 R Vehicle C:
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in Car A and as I was making a right turn at the intersection of Bt Batok East Ave 6 and Bt Batok East Ave 3, Car B rear-ended into mine. It happened as I was slowing down for a pedestrian who suddenly darted across the road.

After checking, both Passenger and I sustained no obvious injuries. Both driver, Car B, and I exchanged relevant details and I've reported it to my verbal company.

Car B driver details
Name: Soh Ming Sun
Licence No: 59802344B
Contact No: 97910345

☐ Claim OD/TP at Ah Lim Motor; ☒ Claim OD/TP at other workshop ☐ Reporting Only
Remarks: Please forward a copy of my efile accident report to:
My workshop :
Email address : ACM. cheng@artwork.com
Email address :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature: Date & Time: 06/07/2020 4:30pm
Driver's Signature: Date & Time: 06/07/2020 4:30pm
Name: Alwyn Thuan
NRIC/FIN No: 97681946
[ARTWORK COMPANY]