

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 judgement 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 01/08/2020 16:10
Date Of Accident 01/08/2020 14:55
Exact Location Of Accident WHITLEY ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM1080B
Insured/Policyholder
Name Of Registered Owner RAMALINGAM MAGESH SENTHILRAJA
NRIC No SXXXX558Z
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-94234874
Alternative Phone No OTHERS-94234874

Vehicle Particulars
Manufacturer HONDA
Model VEZEL

Exact Purpose for which vehicle was being used at time of accident PRIVATE USE

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 SD19V11161/VPL/R00

Cover Note Number

Driver

Name of Driver RAMALINGAM MAGESH SENTHILRAJA
NRIC No SXXXX558Z
Date Of Birth 30/06/1976
Occupation INDOOR
Date Of Driving Pass 26/09/2014
Driving Experience 5 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94234874
Fax Number
Contact Number OTHERS-94234874
Email Address NOEMAIL

Address BLK 607 CHOA CHU KANG STREET 62 #07-121
 Postcode 680607
 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) 2
 Passenger 1 NAME: : SON
 GENDER: : MALE

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 STATEMENT (ATTENDED BY: JAMES NG)

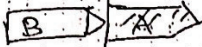
Attachment(s)

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 SLB4348T
 Vehicle Make/Model/Colour BMW / BLACK
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver JUERGEN SEITZ
 NRIC/Passport Number
 Contact Number 92706499
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN



A: SLM1080B
B: SLB 4348T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Today (1st Aug) at 2.55pm, at Whitley Road, our car SLM 1080B was hit by another car SLB 4348T. The owner/driver of that car ~~was to~~ ^{agreed to} pay for the damage.

DECLARATION

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

Policyholder's Signature
Date & Time: 01/08/20

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/08/20

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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