

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 Submission 10/12/2020 12:11 (SGT)
Date of Accident 09/12/2020 17:05 (SGT)
Exact Location of Accident 649 Kaki Bukit Ave 1, Singapore
Additional Location Information 649A KAKI BUKIT (MSCP)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN4015D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BIS MOTORING PTE LTD
Company Reg No 2XXXXX055D
Email Address KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No (Phone) +65-86881311
Alternative Phone No (Office) +65-68963633

VEHICLE PARTICULARS

Manufacturer Opel
Model Insignia
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company Etiqa
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number M0015089
Cover Note Number -

DRIVER

Name of Driver LIM BOON KEONG
NRIC No SXXXX362E
Date Of Birth 12/07/1972
Occupation Outdoor

Date Of Driving Pass	27/07/1994
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85692705
Alt. Phone Number	-
Email Address	BRYANLIMBOONKEONG@GMAIL.COM
Address	104B EDGEFIELD PLAINS
Address complement	#08-27
Postcode	822104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 9.12.2020 AT 17:05 WHILE I DRIVING ALONG 649A KAKI BUKIT MSCP, SUDDENLY VEHICLE B CAME OUT FROM CARPARK LOT AND HIT MY FRONT PORTION.

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

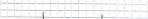
Vehicle Registration Number	SJR8473C
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

IMPORTANT NOTICE

- | | | |
|--|--|---|
| Policyholder's Signature / Date & Time | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
|--|--|---|

Sketch Plan



 VERA - SMN 44150
 VERA - SFR 2493C
 6498 KAKI BUKIT (MSPC)

Describe Circumstances of the Accident

On 8/14/10 @ 11:05 while I driving along
 649 EAKI Street mscf, suddenly WB 8 came out from carpark
 lot and hit my front quarter.

Declaration

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

Policyholder's Signature / Date & Time: [Signature]

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

Witnessed by Reporting Officer / Date & Time: [Signature]

















OPEL
e8*2007/46*0264
W0VZM6EF1K1070301
2125 kg
3395 kg
1-1100 kg
2-1035 kg
0,50 Z 176 TAUM I19
100kW







