









# 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 Actual 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 ..... 08/08/2022 15:25 (SGT)  
Reported by ..... Both  
Date of Accident ..... 07/08/2022 08:00 (SGT)  
Exact Location of Accident ..... 437 Fernvale Rd, Singapore 790437  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMC4693D  
  
INSURED/POLICYHOLDER  
  
Is company? ..... No  
Name Of Registered Owner ..... SEAH HOCK MENG CALVIN  
NRIC No ..... SXXXX751C  
Email Address ..... calvinseahhockmeng@gmail.com  
Mobile Phone No ..... (Phone) +65-96925453  
Alternative Phone No ..... -

## VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
Variant ..... MAZDA3 SEDAN 1.5 AT EU6  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

## INSURANCE COMPANY

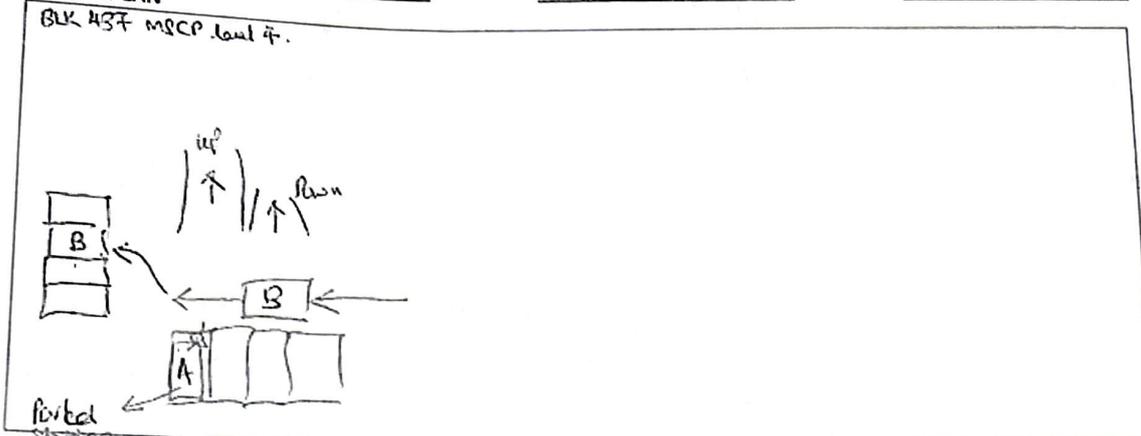
Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D21MPC0005002

## DRIVER

Name of Driver ..... SEAH HOCK MENG CALVIN  
NRIC No ..... SXXXX751C  
Date Of Birth ..... 12/03/1978  
Occupation ..... Indoor

Date of accident: 8/5/22 Time: 8:00 Location: \_\_\_\_\_  
My Vehicle A: \_\_\_\_\_ Vehicle B: \_\_\_\_\_ Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report

- 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 :

& myself :

Email address :

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

DECLARATION

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

*[Signature]*  
Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Zila  
Ah Lim Motor Company

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: