

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 ability.
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 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	24/02/2014 17:03
Date Of Accident	21/02/2014 16:10
Exact Location Of Accident	PANDAN VALLEY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG227H
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Insured/Policyholder

Name Of Registered Owner	CHIN HUI CAR RENTAL
Co Reg No	-

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 ALTIS (A)

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
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE SINGAPORE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P0546387
Cover Note Number	

Driver

Name of Driver	QUAI XUELIN
NRIC No	S8229064H
Date Of Birth	24/09/1982
Occupation	INDOOR
Date Of Driving Pass	15/02/2007
Driving Experience	7 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90085553
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	48 TOH TUCK ROAD #07-04
Postcode	596739
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 (INSURED HIT TP)
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO

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

VEHICLE B HAD CROSSED THE STOP LINE AND IS ALREADY ON THE MAIN ROAD. I PROCEED TO CHECK FOR TRAFFIC ON THE MAIN ROAD. WHEN SUDDENLY, VEHICLE B JAMMED BRAKE AND STOP. I BRAKE BUT COULD NOT STOP IN TIME AND TOUCH VEHICLE B REAR RIGHT PORTION.

Are accident photos available for attachment?	YES
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDU6118Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	SHAM
NRIC/Passport Number	
Contact Number	86061181
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

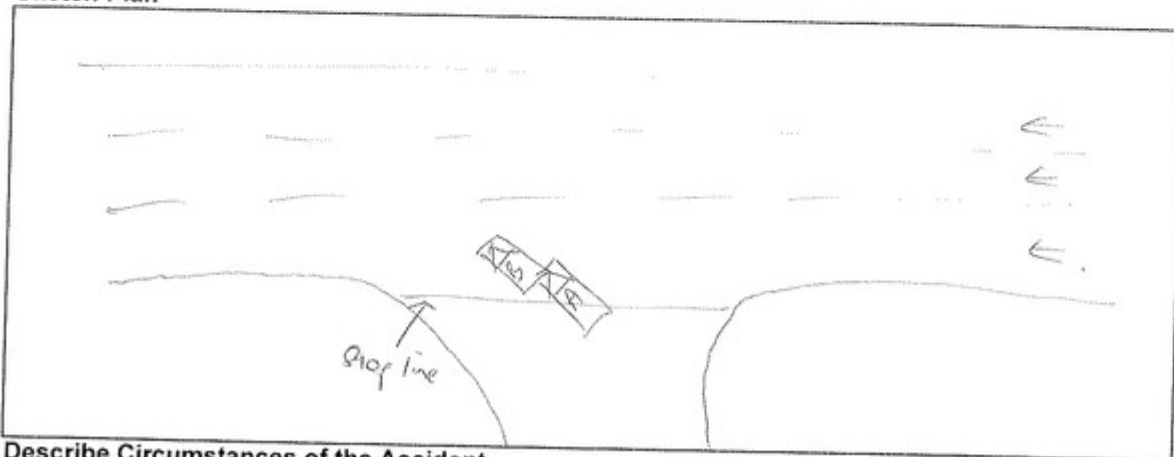
Sketch Plan

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

Vehicle B had crossed the stop line and is already on the main road.
I proceed to check for traffic on the main road when suddenly vehicle
B jammed brake and stop. I brake but could not stop in time and
touching into vehicle B rear right portion.

Declaration

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

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Insurance Co.	AM		
Vehicle NO.	SJA 227H	Date Of Accident	21, 02, 2014
<input checked="" type="checkbox"/> Reporting Only			
<input type="checkbox"/> Own Damage Claim			
<input type="checkbox"/> Third Party Claim			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

