

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	06/12/2017 14:11
Date Of Accident	05/12/2017 19:00
Exact Location Of Accident	TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9756X
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Insured/Policyholder

Name Of Registered Owner	SOONG KIM KONG
NRIC No	S7763999C
Email Address	KKSOONG1977@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92213999
Alternative Phone No	OFFICE-92213999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P
Cover Note Number	

Driver

Name of Driver	SOONG KIM KONG
NRIC No	S7763999C
Date Of Birth	01/12/1977
Occupation	INDOOR
Date Of Driving Pass	19/12/2011
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92213999
Fax Number	
Contact Number	OFFICE-92213999
Email Address	KKSOONG1977@YAHOO.COM

Address	BLK 316A PUNGGOL WAY #06-733
Postcode	821316
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
Was any body injured in the Accident?	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)	1

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

PLEASE REFER AS ATTACHED

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	SKM62Y
Vehicle Make/Model/Colour	TOYOTA/VIOS
Details Of Properties	
Name of Driver	LIM PEK KEONG
NRIC/Passport Number	S7344092J
Contact Number	87166262
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

Witnessed by Reporting Centre
Personnel

A handwriting practice sheet with four sets of horizontal lines. Each set consists of a solid top line, a dashed middle line, and a solid bottom line. To the right of each set of lines is a blue arrow pointing left, indicating the direction of writing. In the third set of lines from the top, there are two boxes containing the letters 'B' and 'A' respectively, used as examples for letter formation.

Accident Sketch Plan


Describe Circumstances of the Accident


when taking care my child (3 years old), Accidentally Remove brake cause
car slowly forward to other vehicle.

Declaration

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

 6/12/17 1:30pm
Policyholder's Signature / Date &
Time

 6/12/17 1:30pm
Driver's Signature (if driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel

Identification Card

REPUBLIC OF SINGAPORE		DRIVING LICENCE	
IDENTITY CARD NO. S7763999C		Licence Number: S7763999C	
			
Name SOONG KIM KONG		Name SOONG KIM KONG	
Race CHINESE		Birth Date: 01 Dec 1977	
Date of birth 01-12-1977		Issue Date: 19 Dec 2011	
Sex M			
Country of birth MALAYSIA			
		YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)	
NRIC No: S7763999C		EFFECTIVE DATE	
		Class 2B Motorcycles <= 200 cc 19 Dec 2011	
Date of issue 27-02-2012		Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 19 Dec 2011	
APT BLK 316A PUNGGOL WAY #06-733			
SINGAPORE 821316		Licence No: S7763999C	
NRIC No: S7763999C		NP 428A	
Date: 09/01/2017			

Accident Photo



Accident Photo



Accident Photo

