

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	15/11/2017 12:50
Date Of Accident	12/11/2017 12:40
Exact Location Of Accident	TAKASHIMAYA DRIVE THRU LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY17K
Insured/Policyholder	
Name Of Registered Owner	YAP SUI CHENG WENDY
NRIC No	S1175140G
Email Address	WYAP@YAPUTRI.COM.SG
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-67383930

Vehicle Particulars

Manufacturer	FERRARI
Model	CALIFORNIA-4.3 (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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1714778
Cover Note Number	

Driver

Name of Driver	YAP SUI CHENG WENDY
NRIC No	S1175140G
Date Of Birth	17/12/1955
Occupation	INDOOR
Date Of Driving Pass	07/05/1982
Driving Experience	35 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-67383930
Email Address	WYAP@YAPUTRI.COM.SG

Address

Postcode

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 SIDE SWIPE

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

REFER TO SKETCH PLAN

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 SH7853S

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver LIM SEE KWONG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

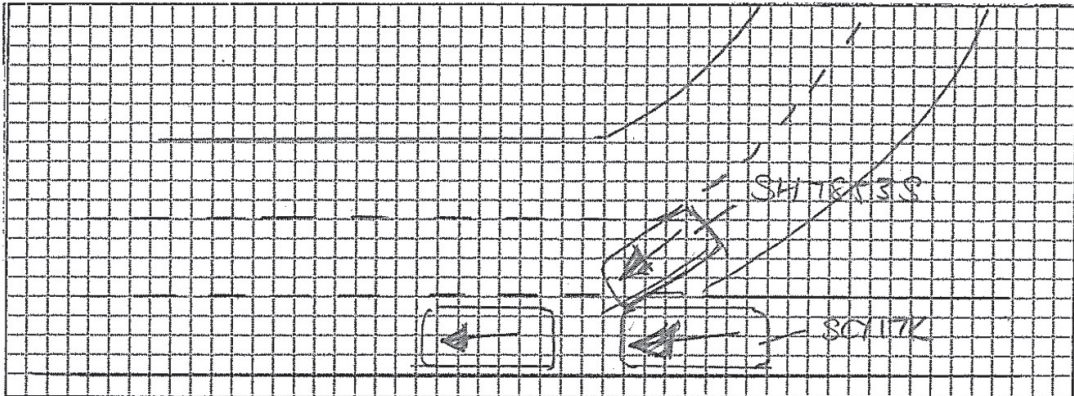
Email Address

SKETCH PLAN

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. The 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.

Sketch Plan



Describe Circumstances of the Accident

- PLEASE REFER TO THE ACCIDENT DETAILS DESCRIBED ATTACHED -

Declaration

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

x	x	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
15/11/17		

AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

On Sunday the 12th Nov 2017 at 12:40pm. I, Wendy Yap Sui Cheng Nric S1175140G was driving my Grey Ferrari California bearing Vehicle Registration Number SCY17K on the extreme left lane of Takashimaya Drive Thru Lobby.

My vehicle was in a stationary position while I was waiting for a car in front of me to move forward.

Suddenly, a Blue Hyundai i40 Comfort Taxi bearing Vehicle Registration Number SH7853S driven by Mr Lim See Kwong turned immediately into the entrance from my right. By the time he saw my stationary car he tried to avoid and swerved to the right but it was too late as his front left hit the tip of the front end of my car causing some visible damage on it.

He got out of his car and blamed me for causing the accident. I told him my car wasn't moving when he hit it.

No one was injured in the accident. We both took pictures of our cars and exchanged our particulars before leaving the scene to file reports of this incident.

I believe the taxi company should be able to provide the video recordings in his in-car camera to shed light on the whole accident to prove my innocence.

The purpose that I am making this report is to claim insurance against the 3rd party (SH7853S) liable in this accident.

That's all.



Wendy Yap Sui Cheng
S1175140G