#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	<b>3</b>				
	ACCIDENT STATEMENT				
Date Of Report	14/12/2017 16:28				
Date Of Accident	14/12/2017 06:50				
Exact Location Of Accident	ALONG UPPER CHANGI ROAD				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SKA5740D				
Insured/Policyholder					
Name Of Registered Owner	GOH NGOAN HIAM				
NRIC No	S0157880D				
Email Address	BLOONEY@SINGNET.COM.SG				
Mobile Phone No	(LOCAL) +65-94694711				
Alternative Phone No	OTHERS-96622963				
Vehicle Particulars					
Manufacturer	MERCEDES-BENZ				
Model	E200 ML				
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?	YES				
If No, Please state action to be taken					
Vehicle Category	PRIVATE CAR				
No, Please state action to be taken ehicle Category  PRIVATE CAR  surance Company					
Name of Insurance Company	AXA INSURANCE PTE LTD				
T 010	OOMBDELIENON/E				

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA217247

Cover Note Number 16/06/2017 - 15/06/2018

# Driver

Name of Driver GOH PANG JUAY
NRIC No S1465830J
Date Of Birth 01/08/1961
Occupation INDOOR
Date Of Driving Pass 27/07/1982

Driving Experience 35 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96622963

Fax Number

Contact Number

EMail Address BLOONEY@SINGNET.COM.SG

Address BLK 403C FERNVALE LANE #18-159

Postcode 793403

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

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#### **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.

Number of Passengers (Including Driver) 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

### 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 SHB2668E

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver PHANG HOCK LYE

NRIC/Passport Number S1845987F Contact Number 97309154

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Details of Witness**

Name

Phone Number

**Email Address** 

# Sketch Plan Pg. 1

Date of accident: 14	2117 Time: 0650AM L	ocation:	UPPER CHAN	GI ROAD
My Vehicle A: <u>うれ行ら</u>	740D Vehicle B: SHB	7998E	Vehicle C:	
SKETCH PLAN				
	D SSM RLDG			
3 une			CHANCE DAD EASP	ROAD
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		ASSES OF THE	
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Email address : & myself :				
Email address :				
Note: Please take note th	at your incurred bases of days they for			
you own policy. Kindly che	at your insurer have 14 days timefra ck with your own insurer for more	me for you to s information.	ubmit own damage	e claim under
ECLARATION				/
We declare the foregoing partic	ulars are true in every respect.		WH LIM	3
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olicyholder's Signature	Driver's Signature	Re	eporting Centre Person	lel's Signature
ate & Time:	(If driver is not the policyholder)  Date & Time:	Na	eme: RIC/FIN No.:	•
	14/12/17	12 OOHRI	MOLLIN MOT	AH LIM MOTOR COMPANY