

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	12/12/2012 15:00
Date Of Accident	11/12/2012 19:00
Exact Location Of Accident	BUANGKOK GREEN

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ1241D
Insured/Policyholder	
Name Of Registered Owner	K.VICKNESWEREN S/O KANDAN
NRIC No	S7180851C
Vehicle Particulars	
Manufacturer	KIA
Model	SPORTAGE-2.0 (A)
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	CN440848
Cover Note Number	26/06/2012 - 25/06/2013

Driver

Name of Driver	J NESHIETHTHAA THEVY
NRIC No	S6844841G
Date Of Birth	21/11/1968
Occupation	Indoor
Date Of Driving Pass	18/04/2005
Driving Experience	7 Years And 7 Months
Gender	Female
Mobile Number	(Local) +65-92958325
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 981A BUANGKOK CRESCENT #02-45
Postcode	531981
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Spouse

Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident Unknown - TP SWERVE INTO INSURED LANE
Weather Conditions Raining
Road Surface Wet

Other Information

Was any body injured in the Accident? No
Was any other material or property damaged? Yes

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

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD5324S
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

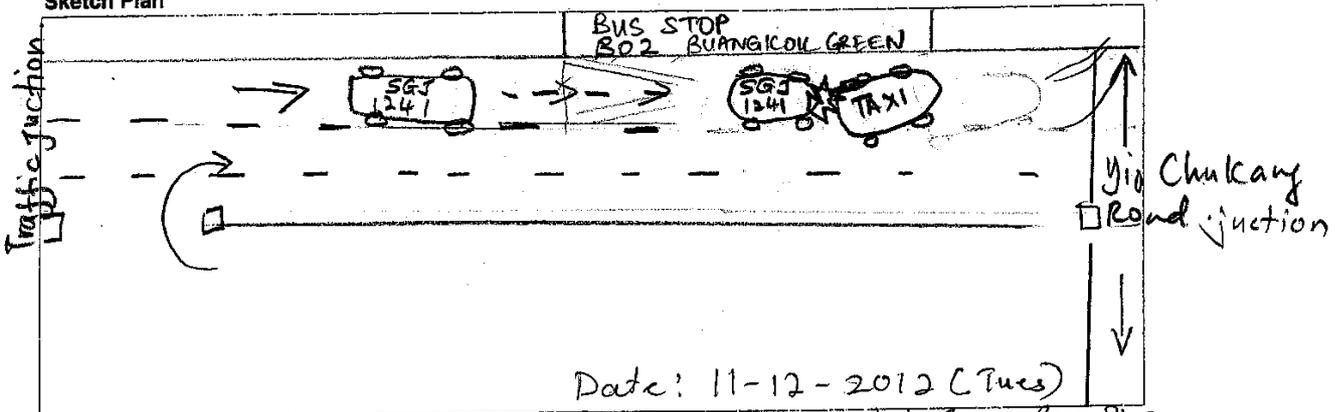
Name
Phone Number
Email Address

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident Place B02 Buangkok Green Bus-Stop.

Accident time 7.00pm. Coming out from Buangkok Cres. made U turn at traffic junction - Buangkok Green, took left lane heading to filter lane Yio Chukang Rd. left. Heavy Rain. Transcap Taxi No. SHD 5324S, Red colour was stationed in the entre lane? as I crossed the bus-stop, suddenly the taxi, came in my lane, bus-stop, without SIGNAL to pick passenger in a non appropriate diagonal position at bus-stop lane. Firstly the taxi driver not suppose to stop at pick passenger at bus-stop. Since, it was raining, although I applied sudden break, my car skidded & bang at the taxi left corner. He refuse to report, smoking at bus-stop, thinking I calling friends how to claim cash from me. He claimed neck pain, cannot drive

Declaration for two days, rental & repair costs. Since, it was not my fault I refuse to pay. Took his details, but driving licence seemed weird, there's no print in the licence card, but My Car No: SGJ 1241D in a plastic cover stucked.

Taxi No: SHD 5324S

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (If driver is not the policyholder) / Date & Time
neshietha@gmail.com

[Signature] 12/12
Witnessed by Reporting Centre Personnel

vicknesweren.k@gmail.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
138 Robinson Road #07-09
The Corporate Office
Singapore 068906
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No : MALM12148128 Vehicle Registration No : SGJ1241D
Name(as shown in NRIC) : J Neshieth-thaa They
(*Vehicle Driver/Vehicle Owner) (*Please delete as appropriate)
NRIC/Passport No : S6844841G
Address : Blk 981A Buangkok Crescent #02-45 S(531981)
Contact (Tel) : - (H/P) : 92958325
(EMail) : -
Date Of Accident : 11/12/12 Time Of Accident : 7-00pm
Place Of Accident : Buangkok Green
Insurance Company : AXA Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:-

I wish to Convert from Reporting to Third Party Claims.

SIGNATURE OF VEHICLE OWNER/DRIVER

DATE: 20/12/12