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 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

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	ACCIDENT STATEMENT
Date Of Report	30/01/2018 13:16
Date Of Accident	28/01/2018 15:20
Exact Location Of Accident	DORSET ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGE9722G
Insured/Policyholder	
Name Of Registered Owner	BAN HONG LEE MOTOR SERVICES
Co Reg No	26310200M
Email Address	CONTACTUS@BANHONGLEE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64825577
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 HIRE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	VFX/P1768573
Cover Note Number	
Driver	
Name of Driver	LIM BOON HUAT

 Name of Driver
 LIM BOON HUA

 NRIC No
 \$7042634Z

 Date Of Birth
 06/12/1970

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/12/1997

Driving Experience 20 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91516805

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 256 KIM KEAT AVE #13-160 Address

310256 Postcode

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 Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? 2 Number of vehicles involved in the accident Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? 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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour **Details Of Properties** FRONT SIDE DENTED

PRIVATE CAR Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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SIDE SWIPE

NO

NO

NO

1

NO

NO

Attachment(s)

Was there any audio recorded?

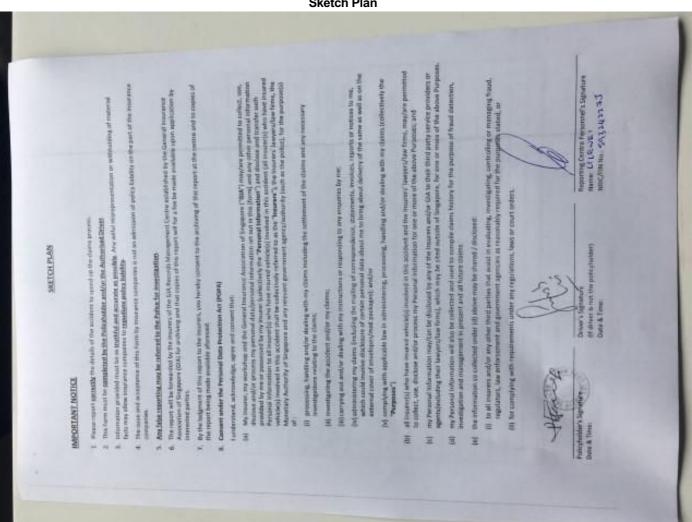
SLR1697X

HONDA VEZEL / SILVER

TAN POH LEONG

S8308634C

Sketch Plan



Sketch Plan #2

