

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 | 29/05/2013 10:37 |
| Date Of Accident | 28/05/2013 19:40 |
| Exact Location Of Accident | ROBINSON ROAD (ROBINSON PT - TAXI STAND) |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SGX774R |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|---------------------|
| Name Of Registered Owner | CHIA HUI SUN ELLINA |
| NRIC No | S7335665B |

Vehicle Particulars

| | |
|--------------|--------------------|
| Manufacturer | VOLKSWAGEN |
| Model | TOURAN-1.4 TSI (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? Yes

If No, Please state action to be taken

| | |
|------------------|-------------|
| Vehicle Category | Private Car |
|------------------|-------------|

Insurance Company

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | AXA (H) |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 11853663 |
| Cover Note Number | 10/07/2012 - 09/07/2013 |

Driver

| | |
|--|----------------------------------|
| Name of Driver | CHOO KIAN BOON ALVIN |
| NRIC No | S7015897C |
| Date Of Birth | 10/05/1970 |
| Occupation | Indoor |
| Date Of Driving Pass | 12/04/1990 |
| Driving Experience | 23 Years And 1 Month |
| Gender | Male |
| Mobile Number | |
| Fax Number | |
| Contact Number | Others-93886350 |
| EEmail Address | chooable@gmail.com |
| Address | 626 UPPER THOMSON ROAD #03-33 |
| Postcode | 787130 |
| 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 | Side Swipe- Same Direction |
| 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 |
| Was there any video captured by Car Camera? | No |

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 ATTACHMENT SKETCH PLAN.

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
|---|-----|

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------------------|
| Vehicle Registration Number | SHD5634Y |
| Vehicle Make/Model/Colour | TOYOTA WISH 2.0 |
| Details Of Properties | LEFT CORNER FRONT PORTION |
| Name of Driver | NOT GIVEN |
| NRIC/Passport Number | |
| Contact Number | 91913818 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

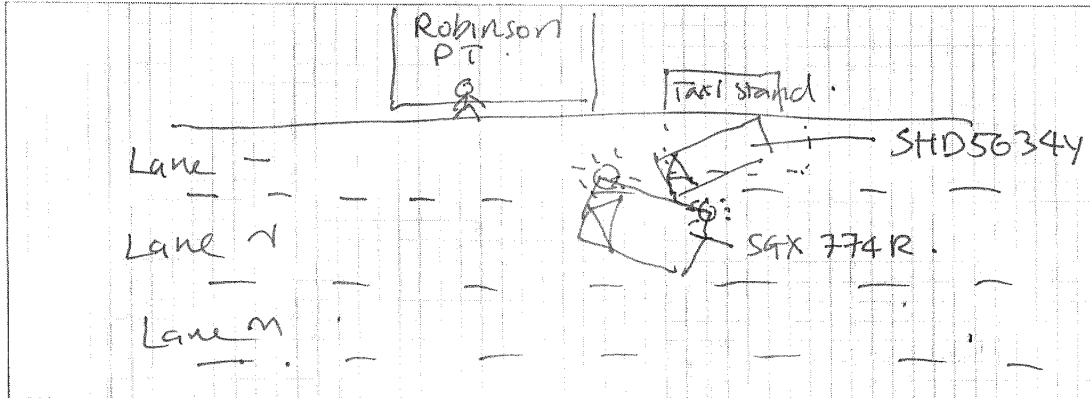
| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

SKETCH PLAN

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Sketch Plan



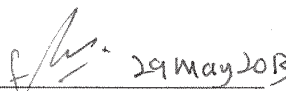
Describe Circumstances of the Accident


I was driving on Lane 2 along Robinson Rd to pick my wife up from work. As I begin to change from lane 2 to 1 to pick my up. SHD5634Y came out of the taxi zone and hit my car on the right side. Taxi left signal light was not on.


Pls note my right signal light was turned on way before switching lane.

Declaration

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

 29 May 2013
 Policyholder's Signature / Date & Time 9:00am

 29 May 2013
 Driver's Signature (If driver is not the policyholder) / Date & Time 9:00am


 81030001
 Witnessed by Reporting Centre Personnel

Sketch Plan Pg.2

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7015897C



Name

CHOO KIAN BOON ALVIN

朱建文

Race

CHINESE

Date of Birth

10-05-1970

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7015897C

Name

CHOO KIAN BOON ALVIN

Birth Date: 10 May 1970

Issue Date: 26 Apr 2003



2417446

NRIC No. S7015897C



Blood Group Date of issue

O+ 26-09-1994

Address:
626 UPPER THOMSON ROAD #03-33
SINGAPORE 787130

NRIC No: S7015897C

Date: 02/10/2012

No: 7142358

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

12 Apr 1990



Licence No: S7015897C

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

