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.		
	ACCIDENT STATEMENT	I
Date Of Report	19/08/2017 11:20	
Date Of Accident	18/08/2017 15:20	
Exact Location Of Accident	JUNCTION OF BUKIT TIMAH RD & CORONATION WALK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB4853B	
Insured/Policyholder		
Name Of Registered Owner	DRAAISMA HENDERIKUS JAN	
Passport No/FIN	G3265758W	

(LOCAL) +65-91996279 OFFICE-91996279

ERIKDRAAISMA@HOTMAIL.COM

Alternative Phone No Vehicle Particulars

Email Address

Mobile Phone No

Manufacturer VOLVO

Model XC70 3.2L AUTO ABS AIRBAG GAS/D 4WD

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 GA107879/1

Cover Note Number

Driver

Name of Driver DRAAISMA HENDERIKUS JAN

Passport No/FIN G3265758W

Date Of Birth 24/04/1979

Occupation INDOOR

Date Of Driving Pass 01/10/1997

Driving Experience 19 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91996279

Fax Number

Contact Number OFFICE-91996279

EMail Address ERIKDRAAISMA@HOTMAIL.COM

70 TREVOSE CRESCENT Address

#01-07, TREVOSE PARK

Postcode 298071

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

SIDE SWIPE Type Of Accident 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) NO soliciting/offering accident claims assistance. 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

PLEASE REFER TO THE ATTACH

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

G1334319K

Vehicle Registration Number SKS7650Y

Vehicle Make/Model/Colour

Details Of Properties

BAE KYUNGEUN Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

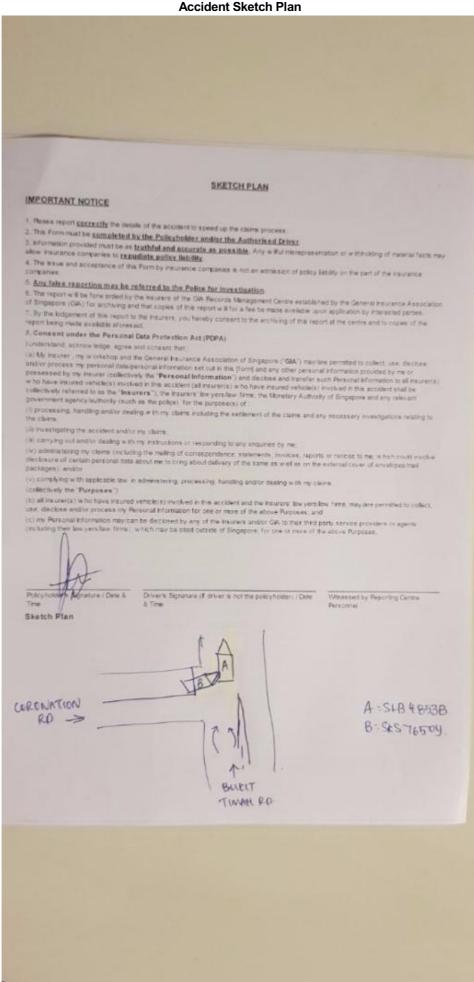
No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident
parsed Coconation Walk a can pulled out and hit the left side of my con in the rear wheel.
Declaration
Policynology Signature (Date 6 Driver's Signature (Edriver is not the policyholder) / Oote Witnessed by Reporting Centre A Time



OWNER IC & DRIVING LICENCE (FRONT)



OWNER IC & DRIVING LICENCE (BACK)



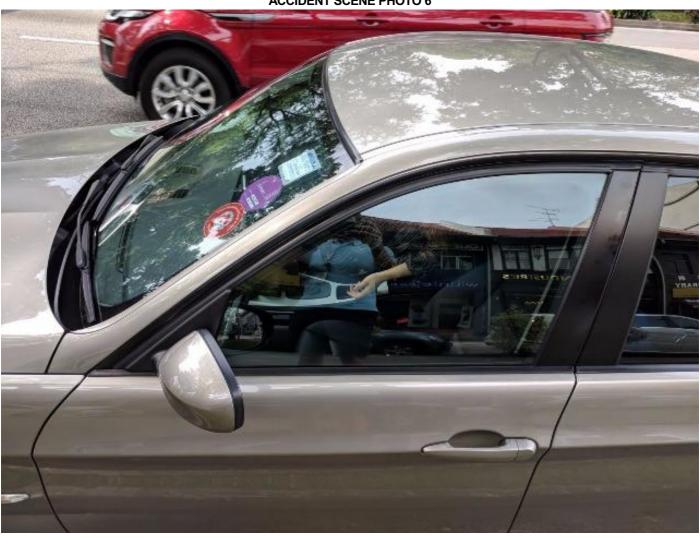




























ODOMETER READING



CHASSIS NUMBER

