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
12/02/2018 15:32
11/02/2018 21:50
TAH CHING ROAD CARPARK UWTJ33
SINGAPORE
DETAILS OF OWN VEHICLE
SKF9620P
THAM FU WAI
S1292090C
FWTHAM2004@YAHOO.COM.SG
(LOCAL) +65-91063710
OFFICE-91063710
HYUNDAI
I45-2.0 (A)
t
NO
REPORTING ONLY
PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number P1263310

Cover Note Number

Driver

Name of Driver THAM FU WAI
NRIC No S1292090C
Date Of Birth 02/10/1958
Occupation INDOOR
Date Of Driving Pass 15/02/1978

Driving Experience 39 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91063710

Fax Number

Contact Number OFFICE-91063710

EMail Address FWTHAM2004@YAHOO.COM.SG

Address APT BLK 321 TAH CHING ROAD #15-82 SINGAPORE

Postcode 610321

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

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

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?

NO

NO

Circumstances of Accident

SEE ATTACH SKETCH PLAN & STATEMENT

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 SFW7729T

Vehicle Make/Model/Colour BLUE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM BIN
NRIC/Passport Number S9328967F

Contact Number

Address APT BLK 328 TAH CHING ROAD #04-06 SINGAPORE

Postcode 610328

Insurance Company Name AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

KETCH PLAN		
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ECLARATION		
We declare the foregoing particulars are true in	every respect.	
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47	12	
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ate & Time! 12/02 @ 13/04 Under 8 To	not the policyholder)	Name: NRIC/FIN No.

Accident Photo





Accident Photo



