

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 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	01/03/2018 10:57
Date Of Accident	01/03/2018 09:10
Exact Location Of Accident	PORTSDOWN FLYOVER LEFT TURN TO PORTSDOWN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ1460G
Insured/Policyholder	
Name Of Registered Owner	EUROAUTOMOBILE PTE LTD
Co Reg No	200201004E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68820857

Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	GIULIETTA-1.4 TURBOCHARGED (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?	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	YES
Policy Number	VCX/P1706674
Cover Note Number	

Driver

Name of Driver	TAN ENG KONG (CHEN RONGGUANG)
NRIC No	S7302690C
Date Of Birth	11/01/1973
Occupation	INDOOR
Date Of Driving Pass	02/02/1998
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92331720
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	31 JURONG WEST STERRT 41 #13-29
Postcode	649412
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL-LEASING
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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

I STOPPED INFRONT OF A ZEBRA CROSSING, WAITING FOR A PEDESTRIAN TO CROSS THE ROAD, VEHICLE B KNOCKED MY VEHICLE FROM BEHIND WITH HUGE IMPACT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU8799Y
Vehicle Make/Model/Colour	HYUNDAI, AVANTE, WHITE
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	LENA HAN WAI LYNN
NRIC/Passport Number	S7524623D
Contact Number	96890815
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 1 Mar 2018		Time 10:09		2 Exact location of accident Portsmouth Avenue turning left into Portsmouth Road.		To be signed by BOTH drivers 3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) NIL							

Registration No. **SKZ 1460G**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **EURO**
(capital letters)
Address **24 LENG KEE ROAD**
NRIC / Passport no. **—**
Tel no. (from 9am till 5pm) **6882 0857**
HP **—**

7 Vehicle
Make, type **ALFA ROMEO 1.4**

8 Insurance company
AXA INSURANCE
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. (if available) **VCX/PI706674**

9 Driver (See driving licence)
(if different from insured A above)
Name **TAN ENG KONG**
(capital letters)
NRIC / Passport no. **97302690L**
Class of licence **3**

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a motor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circling in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. **SJH 8799Y**
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name **LENA HAN WAI LYNN**
(capital letters)
Address **—**
NRIC / Passport no. **S7524623D**
Tel no. (from 9am till 5pm) **—**
HP **9689 0815**

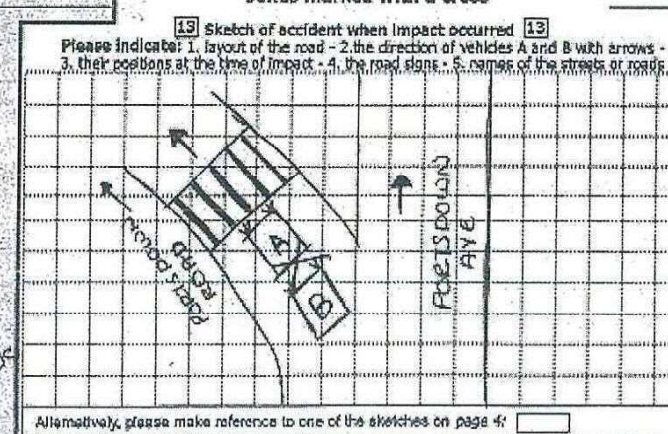
7 Vehicle
Make, type **Hyundai Avante, white**

8 Insurance company
AIG INSURANCE
Does the policy cover damage to vehicle B?
No ☐ Yes ☒
Policy No. (if available) **—**

9 Driver (See driving licence)
(if different from insured B above)
Name **LENA HAN WAI LYNN**
(capital letters)
NRIC / Passport no. **S7524623D**
Class of licence **—**

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A
Rear bumper and rear tailgate damage



10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks
Stop in front of a zebra crossing for a pedestrian to cross the road, vehicle B impact the rear of my vehicle.

15 Signatures of drivers
A

15 Signatures of drivers
B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy

For insured's Individual Statement (Part II) see overleaf →

Accident Photo

