

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	06/03/2018 17:19
Date Of Accident	06/03/2018 07:25
Exact Location Of Accident	BEDOK SOUTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6668L
Insured/Policyholder	
Name Of Registered Owner	LESLIE LOW JOO LEONG
NRIC No	S7613753F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97622298
Alternative Phone No	OFFICE-97622298

Vehicle Particulars

Manufacturer	BMW
Model	216
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	NOTAVAIL
Cover Note Number	

Driver

Name of Driver	PEH WEE LAY
NRIC No	S7608040B
Date Of Birth	19/03/1976
Occupation	INDOOR
Date Of Driving Pass	08/01/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98418915
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	11R MARLENE AVENUE
Postcode	554535
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	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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	4
Passenger 1	NAME: : LOUISE LOW GENDER: : FEMALE
Passenger 2	NAME: : CALEB LOW GENDER: : MALE
Passenger 3	NAME: : CADEN COW GENDER: : MALE

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 ATTACH.

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	SLK2499G
Vehicle Make/Model/Colour	TOYOTA PRIUS WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN GEOK LENG
NRIC/Passport Number	S1741920Z
Contact Number	83063122

Address	BLK 621 BEDOK RESERVOIR RD #04-1472
Postcode	470621
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	2

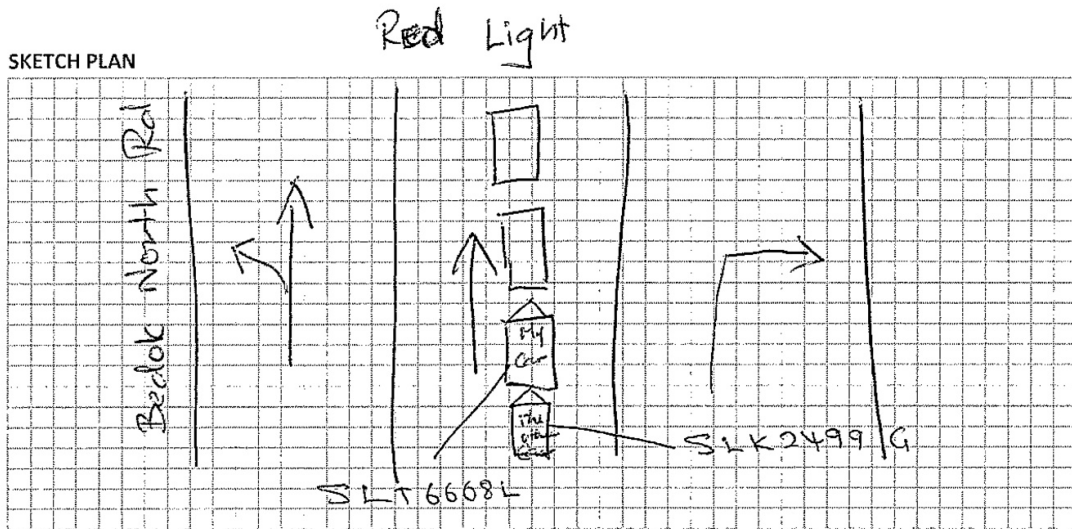
IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

- Policyholder's Signature
Date & Time:

Driver's Signature: [Signature]
(If driver is not the policyholder)
Date & Time: 6 March 2018

Reporting Centre Personnel Pass
Name: Performance Motors Limited
NRIC/FIN No.: 303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 6 March 2018 around 7.20 am, ~~to~~ I was driving along Bedok North Road when my vehicle came to a complete stop at the traffic light. Then SLK 2499 G hit into my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre

Name: Sine Darby Performance Centre

NRIC/FIN No.: Singapore 159941

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

