## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Address

Postcode

Was driver an employee of the Insured's Company No

- 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

**ACCIDENT STATEMENT** 

Date Of Report	22/04/2014 14:35
Date Of Accident	21/04/2014 08:35
Exact Location Of Accident	JUNC OF STEVENS RD & WHITE HOUSE RD
Country/State of Loss	Singapore
20 ( 10 ( 10 ( 10 ( 10 ( 10 ( 10 ( 10 (	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB6624U
Insured/Policyholder	
Name Of Registered Owner	TAN T'ZU-JEN
NRIC No	\$7399061J
Vehicle Particulars	
Manufacturer	BMW
Model	520I-2.0 (A)
Exact Purpose for which vehicle was being used	3201-2.0 (A)
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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P1073271
Cover Note Number	
Driver	
Name of Driver	TAN T'ZU-JEN
NRIC No	S7399061J
Date Of Birth	01/04/1973
Occupation	Indoor
Date Of Driving Pass	20/06/2006
Driving Experience	7 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-97728357
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 148 BISHAN STREET 11 #10-111

570148

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident Unknown - TP HIT CLIENT

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

No

If Yes, against whom?

#### **Circumstances of Accident**

I WAS DRIVING ON THE FAR LEFT LANE ON STEVENS RD HEADING TOWARDS WHITLEY. AT THE JUNCTION OF STEVENS RD AND WHITE HOUSE RD A CAR IN THE U-TURN LANE OPPOSITE TURNED OUT INTO MY LANE. I WAS TRAVELLING APPROXIMATELY 40KM/H AND BRAKED AND TURNED INTO THE LEFT KERB TO AVOID THE CAR. THERE WAS A SIDE COLLISION INVOLVING THE FRONT BUMPER AND PANEL ON THE LEFT SIDE OF SJR6336S AND DAMAGED TO THE RIGHT FRONT AND SIDE PANELS AND MIRROR AS WELL AS THE LEFT TYRE OF SKB6624U.

Are accident photos available for attachment?

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# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF6336S

Vehicle Make/Model/Colour VOLKSWAGEN GTI

**Details Of Properties** 

Name of Driver LEE POH HWEE DAVID

NRIC/Passport Number S0609476G Contact Number 9760 6336

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

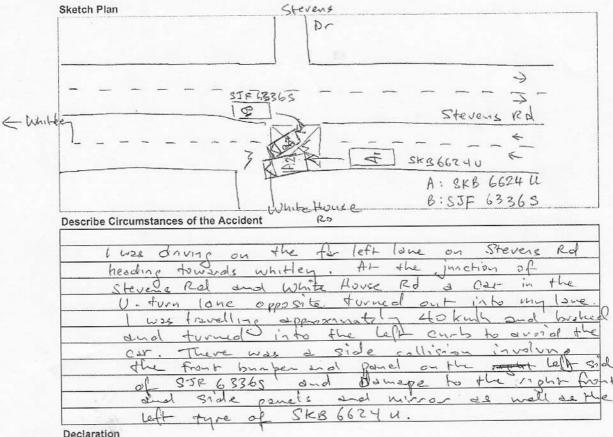
## **Details of Witness**

Name

Phone Number Email Address

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Decialation

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

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel