

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	26/03/2018 16:21
Date Of Accident	25/03/2018 08:25
Exact Location Of Accident	ALONG BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW7676K
Insured/Policyholder	
Name Of Registered Owner	TAN GEOK HAI
NRIC No	S1226144F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96353301
Alternative Phone No	OFFICE-96353301

Vehicle Particulars

Manufacturer	LEXUS
Model	GS350-3.5 LUXURY (L10) (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	GA035706/1
Cover Note Number	

Driver

Name of Driver	TAN GEOK HAI
NRIC No	S1226144F
Date Of Birth	05/12/1957
Occupation	INDOOR
Date Of Driving Pass	03/06/1978
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96353301
Fax Number	
Contact Number	OFFICE-96353301
Email Address	NOEMAIL

Address	82 CORPORATION ROAD #16-05
Postcode	649820
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	2
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)	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

ON 25/03/18 AT 2025HRS, I WAS DRIVING VEHICLE "A" (SDW7676K) ALONG BOON LAY WAY AT EXTREME RIGHT LANE. WHEN APPROACHING THE TRAFFIC JUNCTION, I WAS STOPPING MY VEHICLE DUE TO THE RED LIGHT. AFTER BEING STATIONARY FOR A PERIOD OF TIME, SUDDENLY I FELT AN IMPACT FROM THE BACK AND I REALISED I WAS HIT BY VEHICLE "B" (SLM6164K). NO ONE WAS INJURED.

Attachment(s)

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

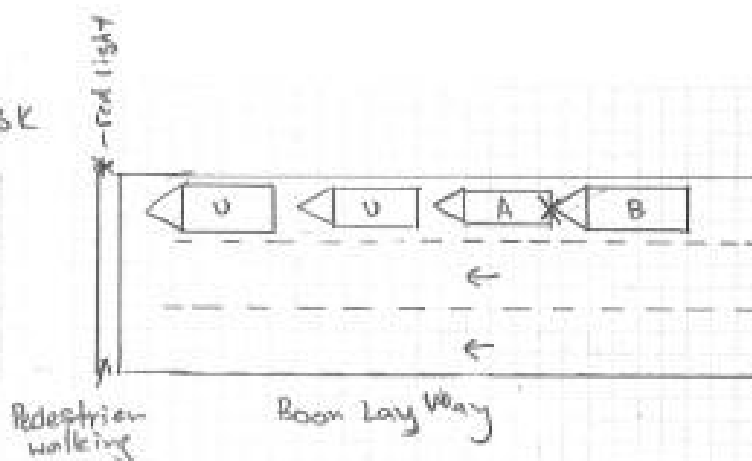
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM6164K
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	FRONT GRILLE
Vehicle Category	PRIVATE CAR
Name of Driver	KELAI
NRIC/Passport Number	
Contact Number	98651168
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2

SKETCH PLAN

Vehicle A: SDW 7676 K
Vehicle B: SZM 6164 K
Vehicle U: Unknown



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to accident report

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 26-3-18 4:30 PM

Driver's Signature

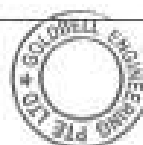
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

