

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 09/05/2018 13:43
Date Of Accident 08/05/2018 12:40
Exact Location Of Accident ALEXANDRA ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC5747A
Insured/Policyholder
Name Of Registered Owner TEO THIAM CHIAN
NRIC No S1363631A
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96906989
Alternative Phone No OFFICE-96906989

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model E250

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 NO
Policy Number GA057145
Cover Note Number

Driver

Name of Driver TEO ZHI PENG DOMINIQUE
NRIC No S8625747E
Date Of Birth 18/09/1986
Occupation INDOOR
Date Of Driving Pass 05/12/2005
Driving Experience 12 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97676927
Fax Number
Contact Number
Email Address DOMINIQUETEO1986@GMAIL.COM

Address 239 SEAGULL WALK
 Postcode 486639
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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
 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

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 SJH9808S
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan #2 Pg. 1

Looker to attract

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper. A small portion of a dark object, possibly a pen or pencil, is visible at the bottom left corner.

DECLARATION

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

Policyholder's Signature

Date & Time:

$$\text{Gal}(\mathbb{Q}(\mu_3)/\mathbb{Q}) \cong \mathbb{Z}/3\mathbb{Z} \cong \text{Gal}(\mathbb{Q}(\mu_9)/\mathbb{Q})$$

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3 Pg. 1

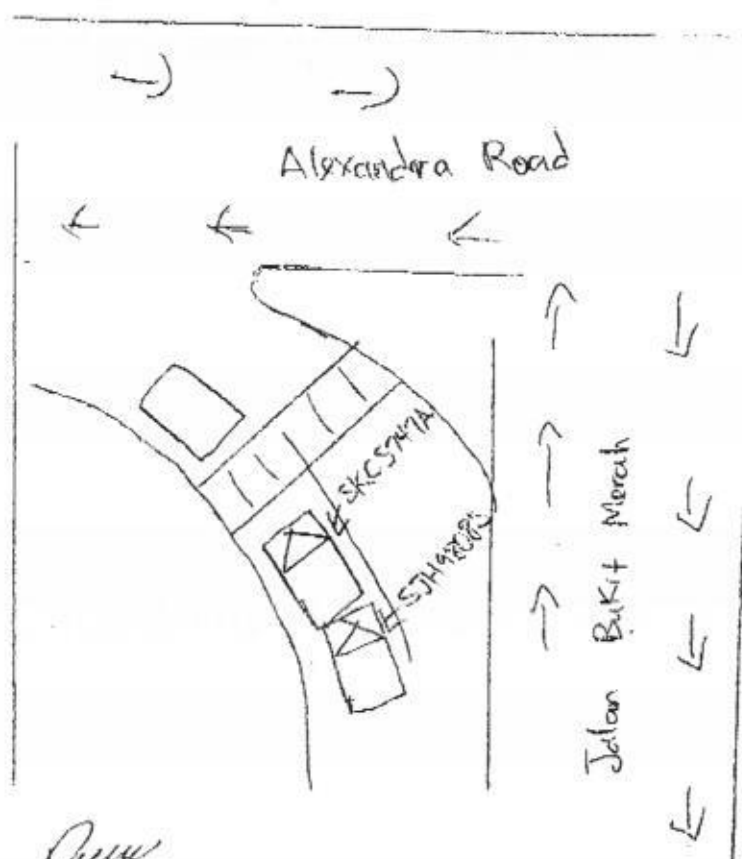
Accident Date: 8th May 2018

I, Dominique Teo, S8625747E was driving SKC5747A on 8th May 2018 turning left onto the filter lane to Alexandra Road when SJH9808s, Mdm Lim Siew Lien, 570703918 knock onto me (the rear of my car) at the filter lane at 12.37pm.

I took down her particulars and exchange HP numbers. She apologised many times to me and said that she thought I have moved off. I shake my head in dismay.

As she do not want to settle among ourselves, therefore I have to make a report to claim my repairs from the car insurance company.

That's all.



Dominique Teo
S8625747E
8/5/18