

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 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	05/05/2014 11:09
Date Of Accident	02/05/2014 09:10
Exact Location Of Accident	KJE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PH2672R
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Insured/Policyholder

Name Of Registered Owner	WAI LIAN TRADING AND TRANSPORTATION
Co Reg No	22779900C

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO RK125N
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Bus

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	VBX/P1319960
Cover Note Number	

Driver

Name of Driver	WONG CHEW CHOON
NRIC No	S2129188I
Date Of Birth	19/05/1949
Occupation	Outdoor
Date Of Driving Pass	14/09/1978
Driving Experience	35 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-96695518
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	BLK 825 WOODLANDS STREET 81 #08-38
Postcode	730825
Was driver an employee of the Insured's Company	Yes

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 Collision- Head to Rear (Insured Hit TP)
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? Yes
If Yes, Please state which Police Station
Police Station Name [Other] WOODLANDS WEST NPC
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN1022K
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

SKETCH PLAN

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Sketch Plan

Reporting only

A = PH2672R
B = YN1022K

Describe Circumstances of the Accident

PIS ref to police report: T/2014-0503/4029

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

Witnessed by Reporting Centre Personnel