

## 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	07/06/2018 13:49
Date Of Accident	07/06/2018 08:10
Exact Location Of Accident	CTE TUNNEL BEFORE MAXWELL EXIT TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR7080D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN KWANG PANG,DANIEL
NRIC No	S7906778D
Email Address	DATAN@ACRUXIS.NET
Mobile Phone No	(LOCAL) +65-90122034
Alternative Phone No	HOME-90122034

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 1.4 GLS 5DR DCT TURBO
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN891610
Cover Note Number	

### Driver

Name of Driver	TAN KWANG PANG,DANIEL
NRIC No	S7906778D
Date Of Birth	10/03/1979
Occupation	INDOOR
Date Of Driving Pass	25/07/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90122034
Fax Number	
Contact Number	HOME-90122034
Email Address	DATAN@ACRUXIS.NET

Address	19 ISLAND GARDENS WALK
Postcode	S578742
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	
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

REFER ATTACH

#### Attachment(s)

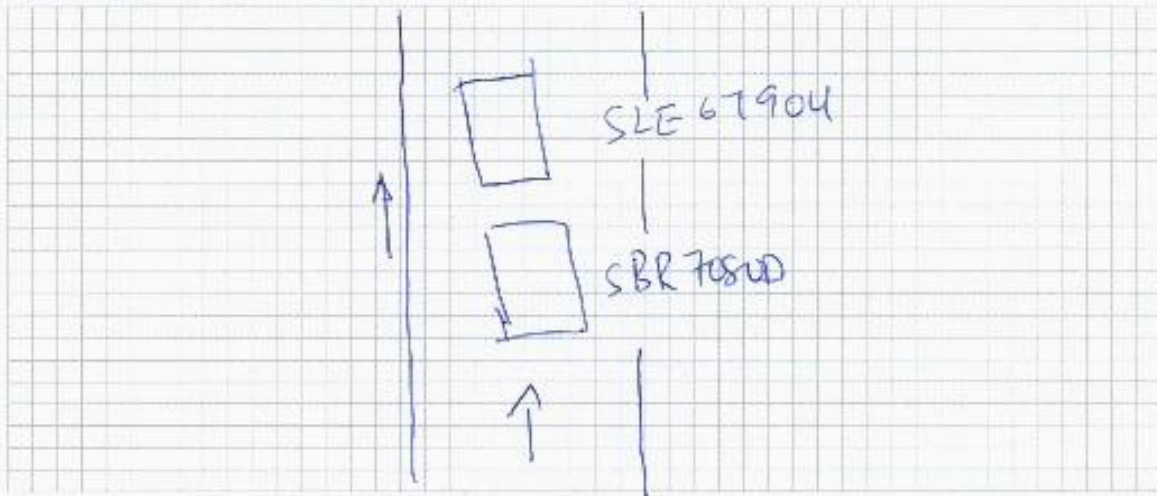
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE ERROR
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6790U
Vehicle Make/Model/Colour	CITROEN C4 PICASSO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAISY
NRIC/Passport Number	
Contact Number	96422532
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling in the CTE tunnel towards the city before Maxwell Road exit. The car in front came to a stop and I braked but was unable to avoid the collision. Around 8:10am 7 Jun 2018.

### DECLARATION

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

Policyholder's Signature

Date & Time:

7 Jun 2018  
GIAKRIC SketchPlan form\_V3

1:30pm.

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



Accident Photo

