

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	24/09/2018 14:09
Date Of Accident	23/09/2018 21:15
Exact Location Of Accident	PUNGGOL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7561X
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Insured/Policyholder

Name Of Registered Owner	AAK LOGISTICS SERVICES PTE LTD
Co Reg No	201325787M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66650190

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FM65FM2RDEB
Exact Purpose for which vehicle was being used at time of accident	DELIVERY
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2006928
Cover Note Number	CN013277

Driver

Name of Driver	YU HAI
Passport No/FIN	G2013716P
Date Of Birth	14/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85914370
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	6 BOON LAY DRIVE
Postcode	
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : UDIN GENDER: : MALE

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 MENTION DATE & TIME, I WAS TRAVELLING TOWARDS PUNGGOL WAY WHEN I FELT AN IMPACT. I IMMEDIATELY STOPPED MY VEHICLE AND SAW A CAR (SJT3909K) ON THE LEFT. WE EXCHANGE PARTICULAR. NO ONE WAS INJURED AND NO DAMAGE TO MY VEHICLE. THAT'S ALL.

Attachment(s)

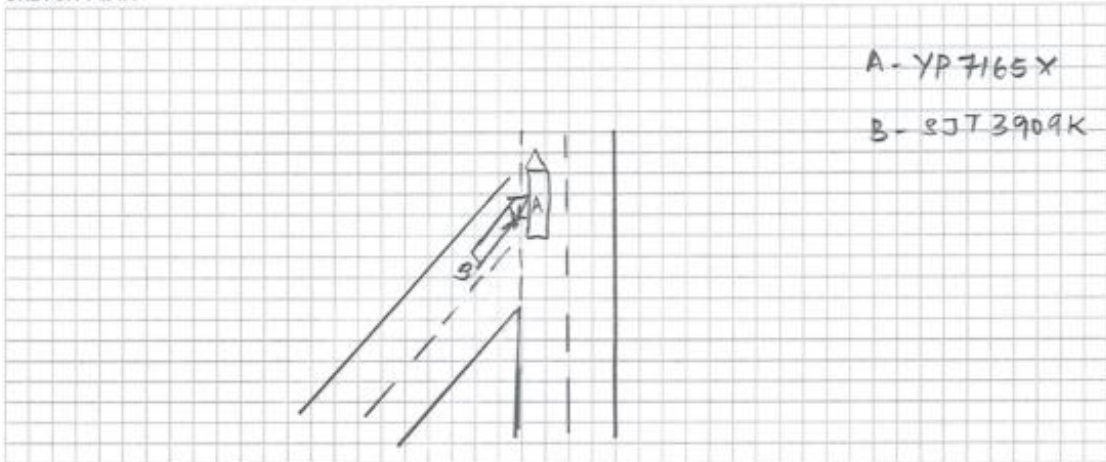
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT3909K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DENNIS CHUA TECK MENG
NRIC/Passport Number	S6849479F
Contact Number	97468488
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer report.

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: 24/9/18 1430hrs

Reporting Centre Personnel's Signature
Name: JAMIANA
NRIC/FIN No.: S8509557I

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASS	VEHICLE WEIGHT	EFFECTIVE DATE
Class 2B	Motorcycles up to 200 cc		01 Apr 2012
Class 3	Motor cars with unladen weight up to 3500kg with no more than 9 passengers, exclusive of driver, and other motor vehicles with unladen weight up to 3500kg		01 Apr 2012
Class 4	Motor vehicles which are motor cycles, mopeds, or passenger cars with unladen weight up to 3500kg		01 Oct 2012
	Motor vehicles which are not motor cycles, mopeds, or passenger cars with unladen weight up to 3500kg		

NP 1234

License No: 123456789



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card

