

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	21/09/2018 18:52
Date Of Accident	21/09/2018 15:50
Exact Location Of Accident	TAMPINES AVENUE 5 TOWARDS PIE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC4909T
Insured/Policyholder	
Name Of Registered Owner	AFFENDI BIN MOHAMED
NRIC No	S6906687I
Email Address	FENDI9477@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-88227447
Alternative Phone No	OTHERS-88227447

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 5MT
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	VPA/P1584946
Cover Note Number	

Driver

Name of Driver	MOHAMED AFFEZAN BIN AFFENDI
NRIC No	S9738864D
Date Of Birth	10/11/1997
Occupation	INDOOR
Date Of Driving Pass	04/11/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87161591
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 880A TAMPINES AVENUE 8 #03-300
Postcode	521880
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

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 TO POLICE REPORT

Attachment(s)

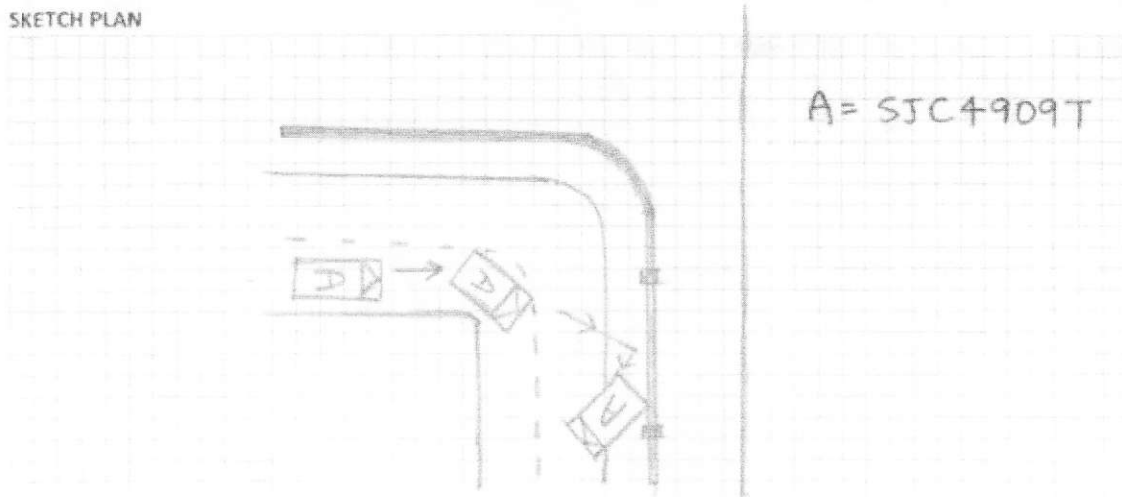
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	RAILING BY THE ROAD
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED POLICE REPORT.

do damage
high

DECLARATION

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

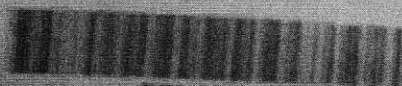
Policyholder's Signature _____
Date & Time: 21/9

Driver's Signature: _____
(If driver is not the policyholder)
Date & Time: 2/1/9

Reporting Centre Personnel's Signature
Name: _____
NRIC/PIN No.: _____



SINGAPORE POLICE FORCE



T/20180921/2155

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027

Tel No: 1800-3689999

Report No: T/20180921/2

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
21/09/2018 19:29

Video Report No:
G/20180921/0135

Station Diary No:
25

Informant's Particulars

Name of Informant

MOHAMED AFFEZAN BIN AFFENDI

Address

APT BLK 880A TAMPINES AVENUE 8 #03-300 SINGAPORE
521880

ID Type / ID No.

NRIC NO / S9738864D

Contact No.

Home/Office

Mobile: 87161591

Nationality

SINGAPORE CITIZEN

Email

Sex:

Male

Age:

20

Date of Birth:

10/11/1997

Type of Informant:

Driver

Race:

Javanese

Language:

Institution / School Name

Occupation:

Student

Driving Licence Information:

Class 3

Date of Expiry

General Information of the Accident

Type of Accident	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident	Type of Location
			21/09/2018 15:50	Bend

Location:

Along Road 1

TAMPINES AVENUE 5

Along Tampines Avenue 5 slip road in the direction of PIE (Tuas)

Lamp Post Number: 55S23

Weather:	Road Surface:	Road Speed Limit
Drizzling	Wet	

Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	No Traffic

Type of Collision:


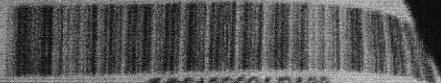
Moving Vehicle Against - Road Divider/Kerb/Railings

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJC4909T	Car	SUBARU	IMPREZA 5MT	Grey	Slightly Damaged	0

Details of Person Involved


**SINGAPORE
POLICE FORCE**


T/20180921/2188

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Report No. T/20180921/2188

Station Of Origin
Kas Pangang North SPP
Marsiling Drive 801-237 SINGAPORE
300527
Tel No: 1973-2228666

CONTINUATION OF REPORT

Name	MOHAMED AFEEZAN BIN AFFENDI		ID No	S9738864D
Related Vehicle	SJC4909T (Car)		Contact No	87181591
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

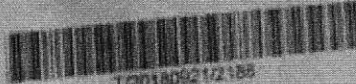
Brief Details.

On 21/09/2018 at about 1545hrs, I was driving SJC4909T along the first lane of Tampines Avenue 5 going into the slip road of PIE (Tuas) when I encountered into an accident. As the road was wet and slippery, the car self-skidded when I was negotiating a sharp right turn. I was driving between 40km/hr to 50km/hr at that time when I lose control of the vehicle. The car swing to the left when I was turning right and the right back portion of the car hit onto the railings along the left lane of the slip road. I then moved the car forward so that I did not block the traffic before getting out of the car to make a damage assessment. The right-rear tail light and the rear bumper was damaged. Thereafter, there was traffic police who attended to my scene.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Bukit Panjang North NPP
27 Mansing Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999



T/20180921/2158

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Report No: T/20180921/2158

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

J/
Staff Sgt TAN YU REN

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time:
21/09/2018 19:29

Officer In Charge Of Case
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Classification Of Case:

Mezan

Authentication Stamp
P108