

## 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	25/09/2018 15:01
Date Of Accident	25/09/2018 08:25
Exact Location Of Accident	UPPER THOMSON ROAD & MARYMOUNT LANE JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC8013B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LI ZHONGCHENG
NRIC No	S7782170H
Email Address	JAMES.ZHONGCHENG.LI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91500918
Alternative Phone No	OFFICE-91500918

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.5 X AXIO (A)

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
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA324949/1
Cover Note Number	

### Driver

Name of Driver	LI ZHONGCHENG
NRIC No	S7782170H
Date Of Birth	12/12/1977
Occupation	INDOOR
Date Of Driving Pass	13/02/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91500918
Fax Number	
Contact Number	OFFICE-91500918
EEmail Address	JAMES.ZHONGCHENG.LI@GMAIL.COM



Address	311B, CLEMENTI AVE 4, #21-177
Postcode	122311
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 ATTACHED ACCIDENT REPORT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

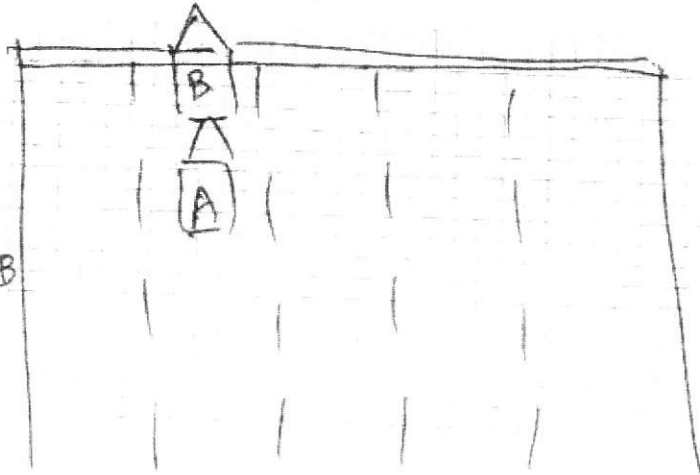
Vehicle Registration Number	SLB4443B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWA SU AI
NRIC/Passport Number	S8602852B
Contact Number	81017772
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



# Accident Sketch Plan

## SKETCH PLAN

A: SJC 8013 B  
B: SLB 4443 B




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

我架A车行驶在 Upper Thomson Rd 向 Thomson Plaza 行。在路旁交通灯  
3个 Arrow 的时候，我看到了黄灯，也减速了，但是前方B车在黄灯时  
1个 Arrow 的时候，突然刹车，~~我架A车~~停在了 stop line 白线中间，我  
也把手刹到底，但是仍然碰到了B车。~~我架A车~~

## 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)

Reporting Centre Personnel's Signature  
Name