

## 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	31/08/2018 09:48
Date Of Accident	31/08/2018 07:45
Exact Location Of Accident	ALONG ALEXANDRA ROAD TOWARDS ANCHOR POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7750L
<b>Insured/Policyholder</b>	
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	TOYOTA
Model	HIACE-3.0 D DX (A)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCX/P2036320
Cover Note Number	

### Driver

Name of Driver	RASHIDI ABU BAKAR @ RASHIDI S/O DEWRAJ MORE
NRIC No	S7721355D
Date Of Birth	11/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82014706
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 116 TECK WHYE LANE #06-752
Postcode	680116
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
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)	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

On mention date and time, I was driving straight towards Anchor Point on my lane. Suddenly, I felt a hit to my rear right side. A taxi SHA7685C had collided to my rear right side upon changing lane. I had a camera but memory card are faulty, therefore I cannot provide the video of accident. The taxi have an in built camera inside the vehicle.

#### Attachment(s)

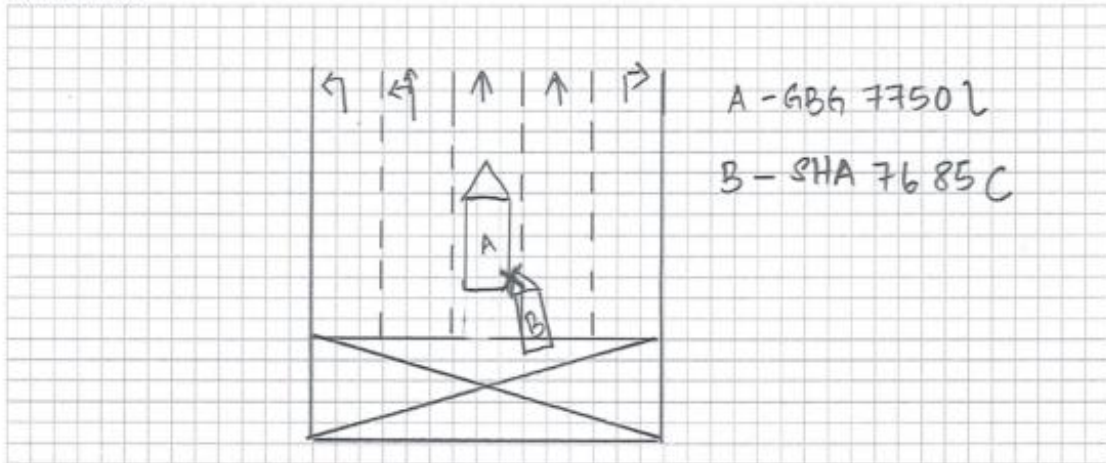
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7685C
Vehicle Make/Model/Colour	
Details Of Properties	SIDE LEFT FRONT
Vehicle Category	TAXI
Name of Driver	SIM HOCK THIAM
NRIC/Passport Number	S1661152B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to report

## DECLARATION

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

Policyholder's Signature  
Date & Time:

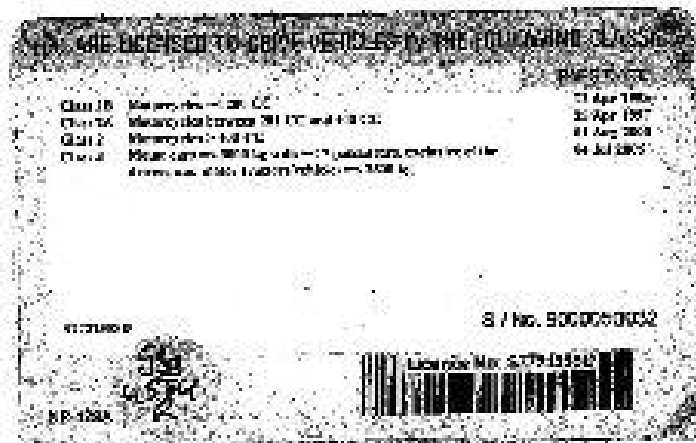
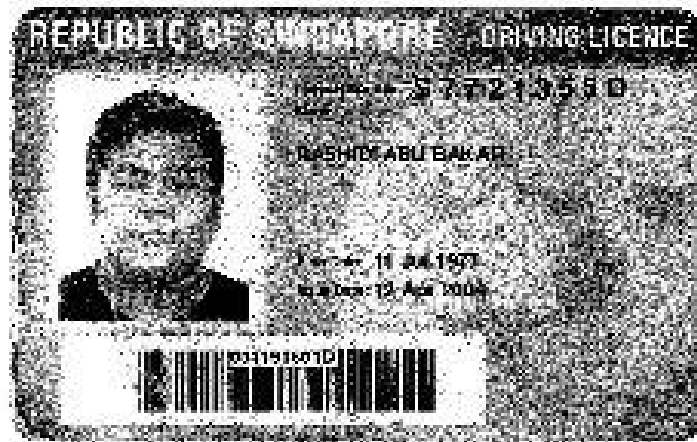
GIASMC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 31/8/18

1015am


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

# Driving License



Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7721355D




NAME  
RASHIDI ABU BAKAR  
& RASHIDI S/O DEWRAJ MORE

RACE  
HINDUSTANI

Date of birth  
11-07-1977

Sex  
M

Country of birth  
SINGAPORE



4053402



NAME S7721355D



DATE OF BIRTH  
08 09 2007

APT BLK 115 TECH MUSE LANE #06-752  
SINGAPORE 080116

NAME S7721355D Date 23/07/2017 Age 67613511

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

