

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 liability.
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	31/10/2018 11:44
Date Of Accident	28/10/2018 17:15
Exact Location Of Accident	LORONG MARICAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1714L
Insured/Policyholder	
Name Of Registered Owner	DCH FOTON AUTO PTE LTD
Co Reg No	200909442H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65091789

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A-3.0 D (M)
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?	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	NO
Cover Note Number	

Driver

Name of Driver	MOHAMMAD RAFI BIN MOHAMMAD AMIN
NRIC No	S9620013G
Date Of Birth	12/06/1996
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94770179
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 285 CHOA CHU KANG AVENUE 3 #03-310
Postcode	680285
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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 31/10/18 @ 1010HRS, MY COMPANY RECEIVED A MESSAGE FROM MRS K (HP:9237 7917) TO INFORM THAT ON 28/10/18 @ 1715HRS MY VEHICLE (YP1714P) HAD COLLIDED INTO HER CAR (SLJ5467J). I DID NOT FEEL ANY IMPACT OR HIT THAT I HAD COLLIDED INTO HER CAR (SLJ5467J) THEREFORE I DID NOT STOP.

Attachment(s)

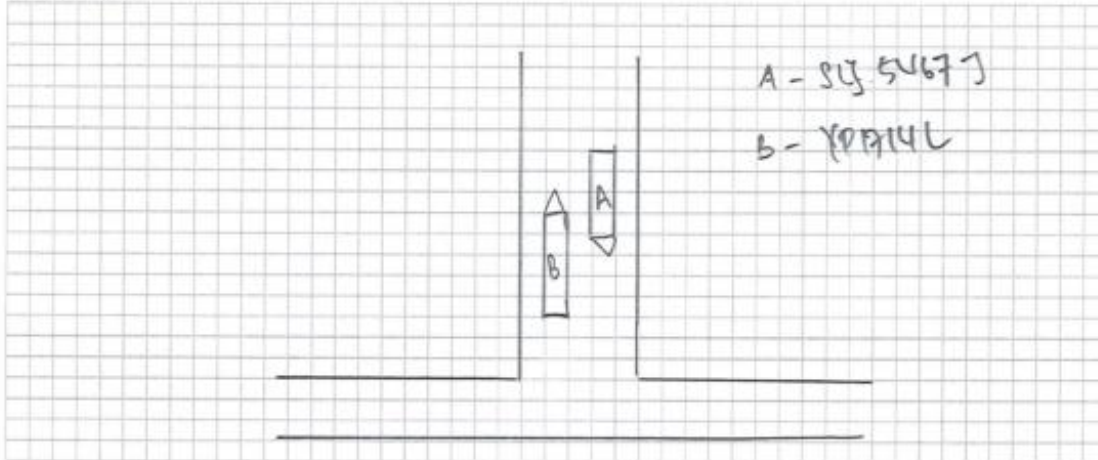
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ5467J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS K
NRIC/Passport Number	
Contact Number	9237 7917
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Report

DECLARATION

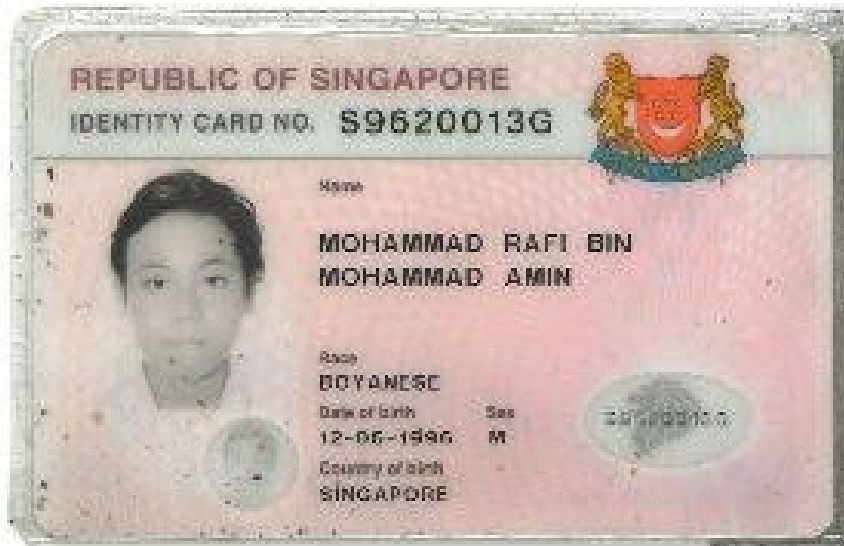
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **JAMIANA**
NIC/FIN No.: **5 8509557 #**





Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo

