

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 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	20/09/2014 10:30
Date Of Accident	19/09/2014 23:15
Exact Location Of Accident	TANJONG PAGAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ3315L
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Insured/Policyholder

Name Of Registered Owner	YAP YIN PENG
NRIC No	S8236483H

Vehicle Particulars

Manufacturer	BMW
Model	X3-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USE
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	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P1390238
Cover Note Number	

Driver

Name of Driver	CHOO WEI YEE, FREDERICK
NRIC No	S7934564D
Date Of Birth	29/10/1979
Occupation	Indoor
Date Of Driving Pass	01/07/1999
Driving Experience	15 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-96993929
Fax Number	
Contact Number	
EEmail Address	frederickchoo@gmail.com
Address	APT BLK 1C CANTONMENT ROAD #46-29
Postcode	085301
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Spouse
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 (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	Yes
Foreign Vehicle Registration Number	SHD5444D (Taxi)
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

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 SKETCH PLAN

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5444D
Vehicle Make/Model/Colour	RED TAXI
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

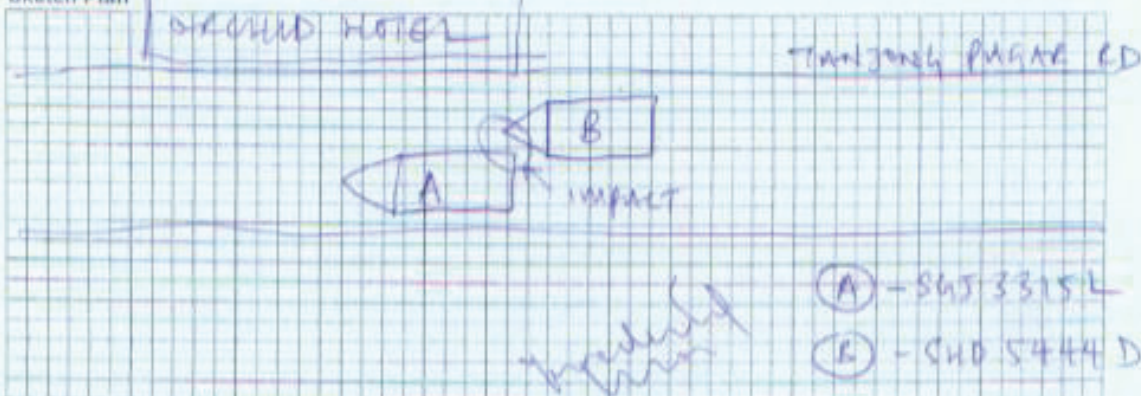
Sketch Plan

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

ON 19 SEP 14 AT AROUND 2315 HRS I WAS TRAVELLING ALONG TANJONG PAGAR ROAD WHEN I FELT AN IMPACT ON THE REAR OF MY VEHICLE JUST BEFORE A TRAFFIC LIGHT CROSSING. UPON INSPECTION, MY REAR RIGHT PART OF BUMPER WAS SCARRED WITH RED MARKS FROM THE TAXI, WHILE I SAW THE FRONT LEFT BUMPER OF TAXI WAS SLIGHTLY DISLODGED. THE TAXI DRIVER REFUSED TO PROVIDE HIS DETAILS (PHONE NUMBER, NRIC) NOR DID HE ALLOW ME TO TAKE PICTURES OF HIS DAMAGE BEFORE HE LEFT HURRIEDLY. ALL I TOOK DOWN WAS HIS LICENSE PLATE SHD 5444 D AND THAT THIS WAS A RED TRANSCAR MPV-STYLE TAXI.

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo

