## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	19/01/2019 11:13
Date Of Accident	18/01/2019 12:30
Exact Location Of Accident	47 JALAN BUROH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XB7686E
Insured/Policyholder	
Name Of Registered Owner	YUN CHANG TRANSPORT SERVICES
Co Reg No	41667500W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98387386
Vehicle Particulars	
Manufacturer	ISUZU
Model	CXZ50K-12.1 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	CV3/GA406024
Cover Note Number	
Driver	
Name of Driver	CHOW PHUAN YEN
NRIC No	S0205139G

NRIC No S0205139G

Date Of Birth 03/03/1954

Occupation OUTDOOR

Date Of Driving Pass 18/03/1978

Driving Experience 40 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98387386

Fax Number

Contact Number

EMail Address NOEMAIL

231 BUKIT BATOK EAST AVENUE 5 #08-69 SINGAPORE 650231 Address

Postcode

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

2

NO

1

NO

NO

**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 (including own vehicle)

involved in the accident

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

ON MENTIONED DATE & TIME AT REDMART WAREHOUSE,47 JALAN BUROH. I WAS REVERSING WHEN I KNOCKED ON THE STATIONARY VEHICLE BEARING PLATE NO: YP3807P. WE EXCHANGED PARTICULAR AND LEFT.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number YP3807P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

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