

## 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	11/02/2019 10:44
Date Of Accident	25/01/2019 20:00
Exact Location Of Accident	ALONG PIE CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9667L
<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	MITSUBISHI
Model	FEB21EA25370
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	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/P2219280
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SHAFIIE BIN ROSLAN
NRIC No	S9630271A
Date Of Birth	03/09/1996
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92397439
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 731 JURONG WEST ST 72 #03-35
Postcode	640731
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	SIDE SWIPE
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	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)	2
Passenger 1	NAME: : AIDIL GENDER: : MALE

### 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 MENTIONED DATE AND TIME, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI ON THE THIRD LANE, WHEN A TAXI SHB4167X FROM FILTER LANE JOIN THE MERGING LANE TO THE EXPRESSWAY. THE TAXI DRIVER LIM TIONG HO ADMITTED HIS FAULT FOR DASHING IN MY LANE AND WANTED TO DO PRIVATE SETTLEMENT AND TOLD ME THAT HE WOULD CALLED ME AND BEAR THE COST FOR MY DAMAGE REPAIR, SO I GAVE HIM MY CONTACT NUMBER. I WAS IN A RUSH AND FORGET TO TAKE HIS CONTACT NUMBER. SO I WAITED FOR MORE THAN 5 DAYS WHEN MY COMPANY TOLD ME THE TAXI MAKE A THIRD PARTY CLAIM INSURANCE REPORT AGAINST ME.

### Attachment(s)

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

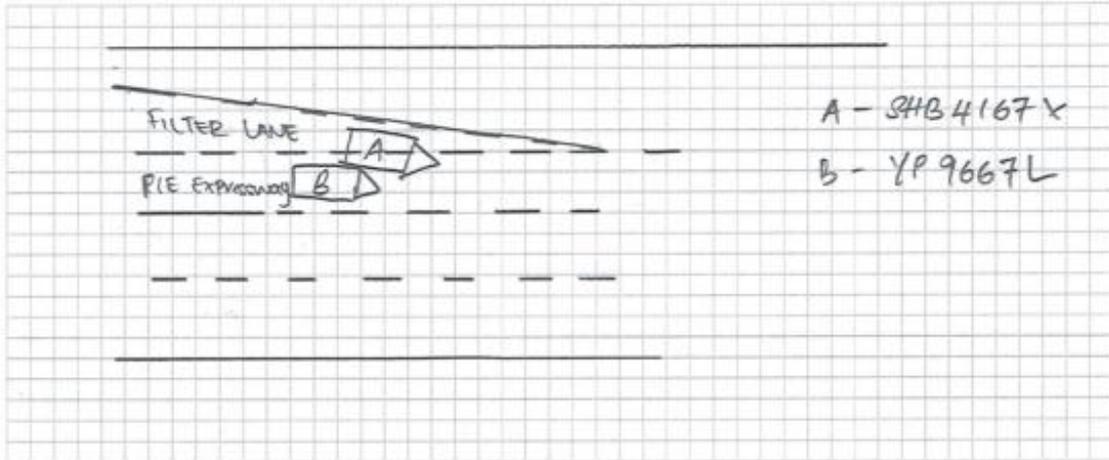
### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4167X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM TIONG HO
NRIC/Passport Number	S1329131D
Contact Number	

Address	BLK 559 ANG MO KIO AVE 10 #03-1850
Postcode	560559
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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: 11/2/19 @ 10am

Reporting Centre Personnel's Signature  
Name: JAMIARA  
NRIC/FIN No.: S 85095571



Accident Photo



Accident Photo



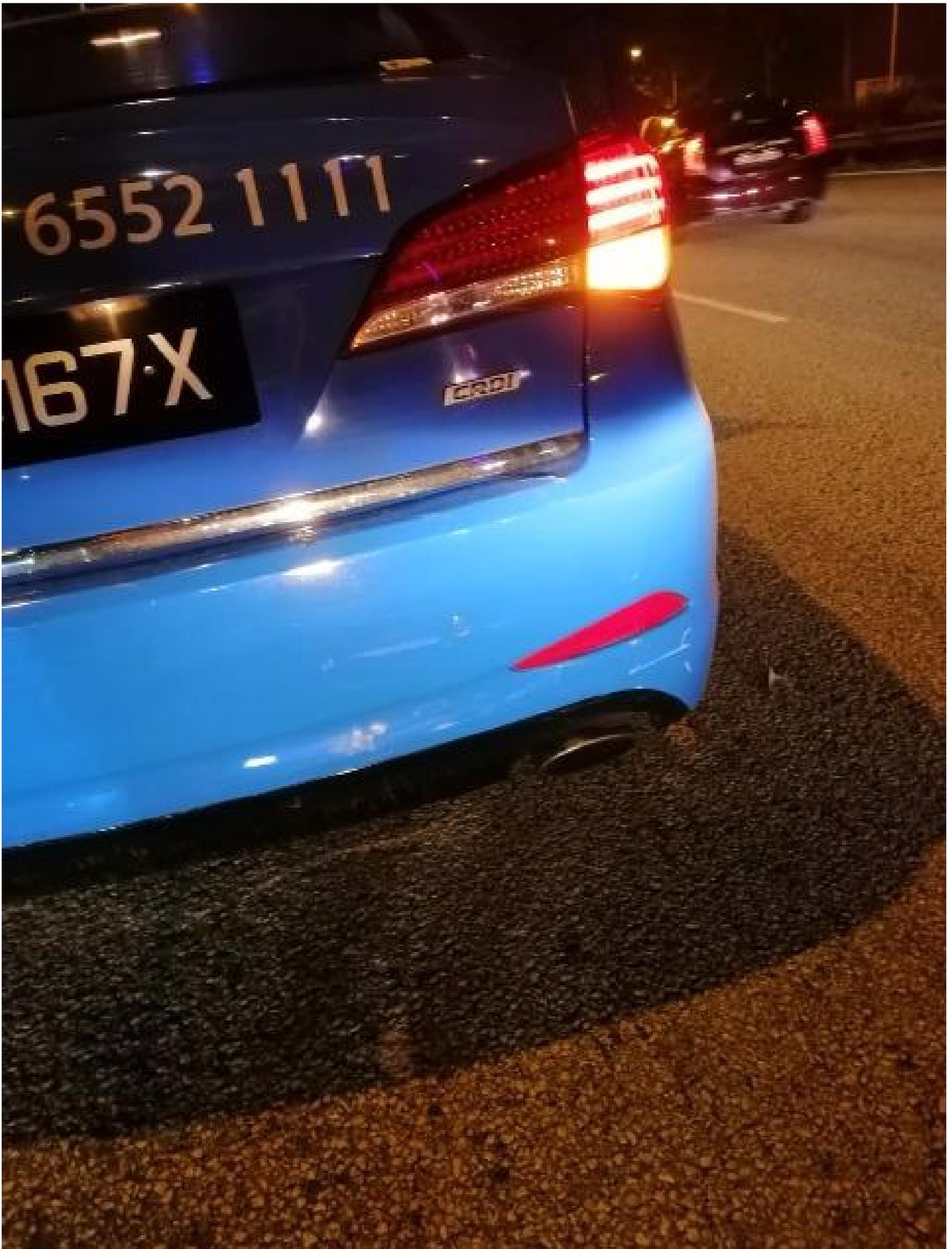
Accident Photo



Accident Photo



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Driving License

