

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	12/02/2019 10:26
Date Of Accident	08/02/2019 23:15
Exact Location Of Accident	PREMISES OF MARINE BAY SANDS C/P LEVEL B3 LOT 147
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9259P
Insured/Policyholder	
Name Of Registered Owner	CHAN PECK GEK
NRIC No	S1479286D
Email Address	JASMINECHAN16@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97971606
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	BMW
Model	120I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA395800/1
Cover Note Number	

Driver

Name of Driver	CHAN PECK GEK
NRIC No	S1479286D
Date Of Birth	16/06/1961
Occupation	INDOOR
Date Of Driving Pass	03/05/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97971606
Fax Number	
Contact Number	OFFICE-60000000
Email Address	JASMINECHAN16@YAHOO.COM.SG

Address	7 JALAN CHENGAM
Postcode	578291
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

Report please refer to Sketch plan

Attachment(s)

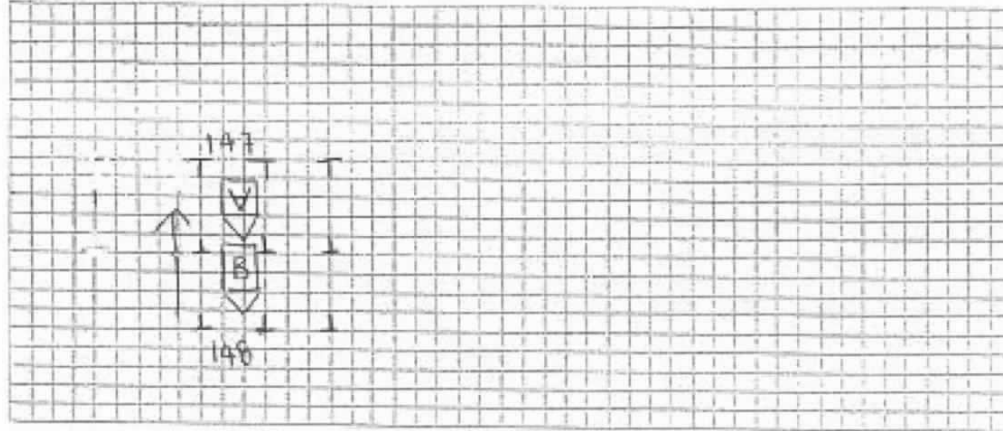
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX3538B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2

SKETCH PLAN Premises of Marina Bay Sands Carpark B3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/02/2019 at about 0900hrs, I parked my vehicle inside the premises of Marina Bay Sands Carpark level B3 Lot 147 and everything was intact.

However, my friend called me at 2320hrs and informed me that my vehicle was hit by a vehicle (B) while doing a reverse parking. I wish to state that there was no one inside my vehicle.

(A) SKH9259P

(B) SJX3538B

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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:
NAIC/RN No.:

RONNIE
57131009E

CRASH Report Form 23