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 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

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	ACCIDENT STATEMENT
Date Of Report	13/02/2019 15:20
Date Of Accident	12/02/2019 17:30
Exact Location Of Accident	ECP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ3863Z
Insured/Policyholder	
Name Of Registered Owner	ONG KAI YONG
NRIC No	S7932296B
Email Address	KAI.YONG.ONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97939880
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED-1.5 (A)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA242420/1
Cover Note Number	*
Driver	
Name of Driver	ONG KAI YONG
NRIC No	S7932296B
Date Of Birth	02/11/1979
Occupation	INDOOR
Date Of Driving Pass	05/05/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97939880
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	KAI.YONG.ONG@GMAIL.COM

Address

BLK 18 JALAN TENTERAM #28-130

Postcode

321018

...

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

- -

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 ATTACH 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

SHD826T

Vehicle Make/Model/Colour

MERCEDES

Details Of Properties

Vehicle Category

TAXI

Name of Driver

ONG CHENG GUAN

NRIC/Passport Number

S0169954G

Contact Number

Address

BLK 39 CHAE CHEE AVE #09-253

Postcode

461039

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SH6088R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

HYUNDAI 140

TAXI

KWAN KAR WAI

S1736980F

BLK 7 UPPER ALJUNIED LANE #14-67

360007

Sketch Plan

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am travelling along FCF, home 3; the speed is around 70-80 Vehicle A

I am suppose to pick up wife from changi around 5.45-67Vehicle A did a emergency bracke, I saw the brake lights of the vehicle A blinking and I noticed he is brakeng very hard. I immediately step on my brakes and the abs of my coar did come in I was table to brake in time to come to a complete stop. My car is vehicle (B) as for above.

Just a second later vehicle c knocked my ca (B) from behind. Even with my legs on the brake the impact from behind puhed my car forward to row into vehicle A.

IMPORTANT NOTE

Threst General Condition - Conduct of Claim of the Molor Printy, you have to deckin within 21 days of occurs-now of James o whether or no excession under the policy. Please short, and outles for more information.

DECLARATION

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