

## 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	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
<b>Insured/Policyholder</b>	
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	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
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 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)	1

#### 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

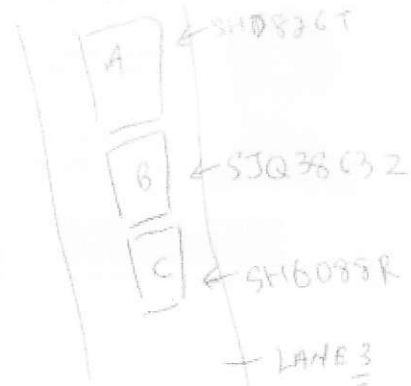
Vehicle Registration Number	SH6088R
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Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KWAN KAR WAI
NRIC/Passport Number	S1736980F
Contact Number	
Address	BLK 7 UPPER ALJUNIED LANE #14-67
Postcode	360007
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### Sketch Plan

## Sketch Plan #2

FCP



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am travelling along FCP, lane 3, the speed is around 70-80  
~~Vehicle A~~

I am suppose to pick up wife from Changi around 5.45 - 6 pm  
 Vehicle A did a emergency brake, I saw the brake lights  
 of the vehicle A blinking and I noticed he is braking  
 very hard. I immediately step on my brakes and the abs  
 of my car did come in. I was able to brake in time  
 to come to a complete stop. My car is vehicle (B) as  
 per above.

Just a second later vehicle C knocked my car (B)  
 from behind. Even with my legs on the brake the  
 impact from behind pushed my car forward to run  
 into vehicle A.

### IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to declare within 21 days of occurrence  
 or discovery of damage whether or not covered under the policy. Please check your policy for more information.

### DECLARATION

I hereby declare that the foregoing is a true and correct statement of the facts.

*[Signature]*      *[Signature]*

CONFORTDELORO ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV. PULAU BRANCH

1000 SINGAPORE *[Signature]*

DATE: 15/11/14

BY: *[Signature]*

FOR THE CHECKER

676011614