## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- 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 aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	23/02/2019 17:32	
Date Of Accident	23/02/2019 13:30	
Exact Location Of Accident	PARK GREEN CONDOMINIUM BASEM	IENT CARPARK
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	Mark Control of the C
Vehicle Registration Number	SLP3002Z	COST Section (Complete Cost)
Insured/Policyholder		
Name Of Registered Owner	AHTI S/O KESAVAN SREEDHRAN	
NRIC No	S0598713Z	
Email Address	MICHAELAHTI@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96538508	
Alternative Phone No	OFFICE-96538508	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E200 SEDAN (R18)	
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	GA214312/1	
Cover Note Number		
Driver		
Name of Driver	MICHAEL LESLIE AHTI	
NRIC No	S7410953E	
Date Of Birth	08/04/1974	
Occupation	INDOOR	
Date Of Driving Pass	17/11/1992	
Driving Experience	26 YEARS AND 3 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-96369597	
Fax Number	att d	
Contact Number		2.36

MICHAELAHTI@GMAIL.COM

Address

203 PONGGOL SEVENTEENTH AVENUE SINGAPORE

Postcode

829663

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

CHILDREN

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

2 NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: DAUGHTER

GENDER:

: FEMALE

**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 THE STATEMENT

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

SHB3623C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

ONG HAI SOON

NRIC/Passport Number

S0633636A

Contact Number

Address

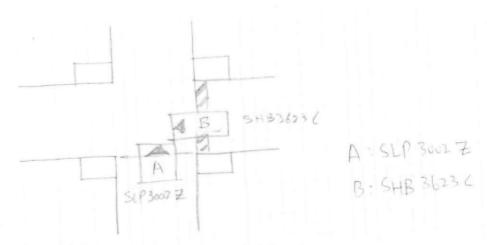
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

School of the second of the second	
At 1:30 pm park green andominum basement rarpark,	
also, suddenly he moved ahead part the hump towards my car, I haved to warned him but he struck the finet	
my car, I horned to warned him be he street	
but I stayed put - Dameyes to my car include the front right	
	per
high and bunper, SHB 36236 damage was limited to fait left bun	
FIRST TO THE PROPERTY OF THE P	1
to file for insurance commissions soosi43 for defails.	-
recording device +	-

DECLARATION

total darland the foregoing particulars are true in every respec-

Policyholder's Signature

Briver's Signature (If driver is not the policyholder) Date & Time Reporting Contro Personnel's Signature

Name Apple / Filtr No