

Jie Ren

For Surveyor

## 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	18/02/2019 16:26
Date Of Accident	18/02/2019 07:05
Exact Location Of Accident	ALONG BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG789S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG FREDDY
NRIC No	S7622978C
Email Address	E83777777@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87888789
Alternative Phone No	OFFICE-87888789

### Vehicle Particulars

Manufacturer	AUDI
Model	A5-1.8 SPORTSBACK TFSI MU (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	GA414453/1
Cover Note Number	

### Driver

Name of Driver	ANG SEW CHOO
NRIC No	S0731568F
Date Of Birth	30/12/1943
Occupation	INDOOR
Date Of Driving Pass	27/08/1964
Driving Experience	54 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-97898265
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 325 TAH CHING ROAD #16-34 SINGAPORE 610325
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	
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

Please see attached.

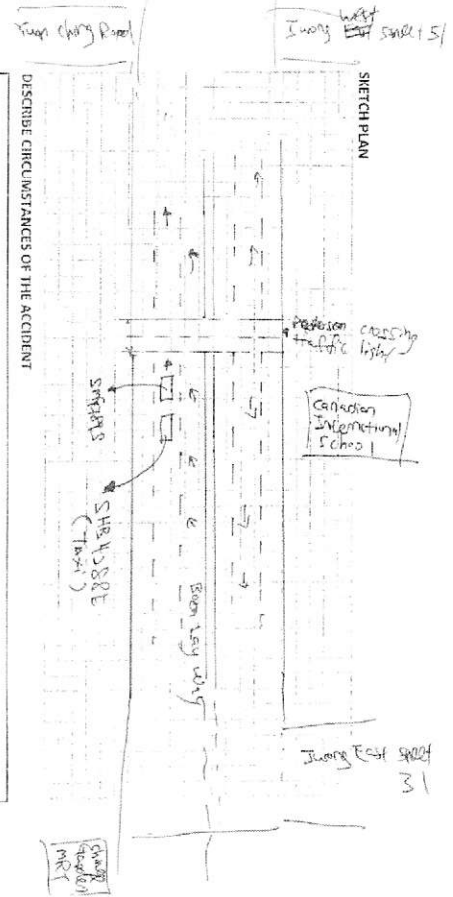
#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHR4288E
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 18 Feb 2019, 01:05 am, was travelling along  
 Koon Lay way towards Koon Lay station. I was  
 driving a vehicle in the middle of the 3 lane road.  
 While approaching the traffic light for protection crossing, the  
 green light turn to orange and then red. I saw my car  
 at the right light and the car behind me SHB4288E  
 was long in the back of my car.

## DECLARATION

I/we declare the foregoing particulars are true in every respect.

Police Officer's Signature  
 Date & Time: 18 Feb 19  
 10:05 am

Driver's Signature  
 (If driver is not the police officer)  
 Date & Time: 18 Feb 19  
 10:05 am

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/ID No.: