

## 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	04/03/2019 13:55
Date Of Accident	03/03/2019 17:10
Exact Location Of Accident	ALONG COMMONWEALTH RD TWDS GHIM MOH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7449Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASA CONTRACTS PTE. LTD.
Co Reg No	201105803W
Email Address	SALLY.CHONG@ASAC.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63622328

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P1743766
Cover Note Number	

### Driver

Name of Driver	GESAN
Passport No/FIN	G2393567N
Date Of Birth	09/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83484236
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NA
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : NA GENDER: : MALE
Passenger 2	NAME: : NA GENDER: : MALE

### 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

AS PER 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	YK9922B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHANDRAN VINOTHKUMAR
NRIC/Passport Number	G2835499T
Contact Number	
Address	
Postcode	

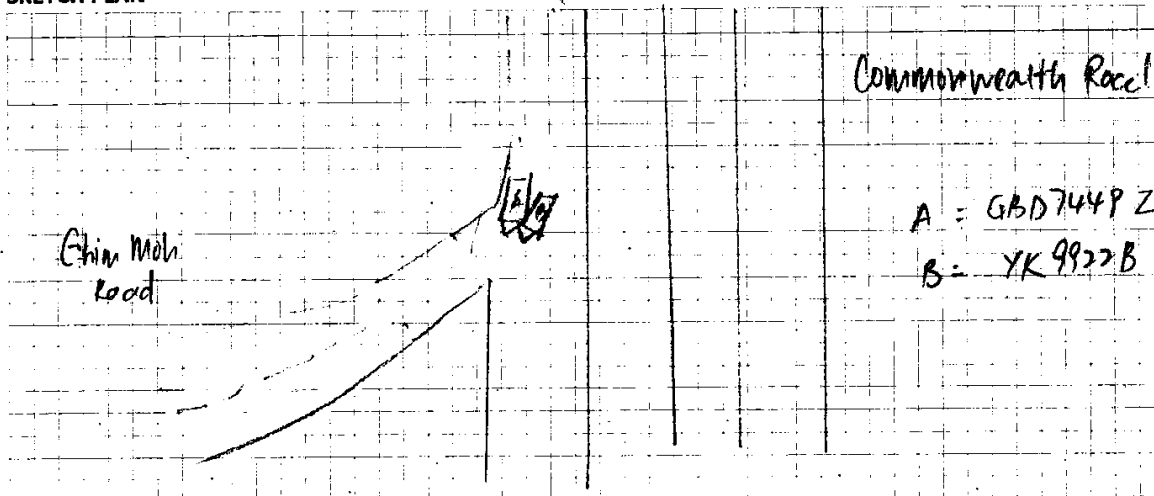
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

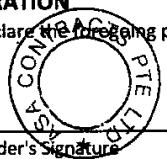
Accident Date & Time:	3/3/2019 5:10 pm
Accident Location:	Commonwealth Road turning to Ghim Moh Road
<p>I was driving my vehicle GBD744PZ along Commonwealth Road turning right into Ghim Moh Road. Suddenly, a vehicle YK9922B cut into my lane and hit onto my vehicle's left front side portion.</p>	
<p><input type="checkbox"/> Reporting Only   <input type="checkbox"/> Own Damage   <input checked="" type="checkbox"/> Third Party   <input type="checkbox"/> Claim at other workshop (OD/TP)</p>	

DECLARATION

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

**\* IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_



Driver's Signature: Cusan  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature: Yvonne Toh  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_