

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	01/04/2019 16:03
Date Of Accident	31/03/2019 08:30
Exact Location Of Accident	DIARY FARM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8958T
Insured/Policyholder	
Name Of Registered Owner	KHOO CHOO LEE
NRIC No	S8213061F
Email Address	JUDY_KHOO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97228455
Alternative Phone No	OTHERS-97228455

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	BUSINESS
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA354216/1
Cover Note Number	

Driver

Name of Driver	KHOO CHOO LEE
NRIC No	S8213061F
Date Of Birth	24/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2001
Driving Experience	18 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97228455
Fax Number	
Contact Number	OTHERS-97228455
E-Mail Address	JUDY_KHOO@HOTMAIL.COM

Address	204 PETIR ROAD #04-631
Postcode	670204
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	COLLISION - MAJOR/MINOR RD
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)	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

SEE ATTACH REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

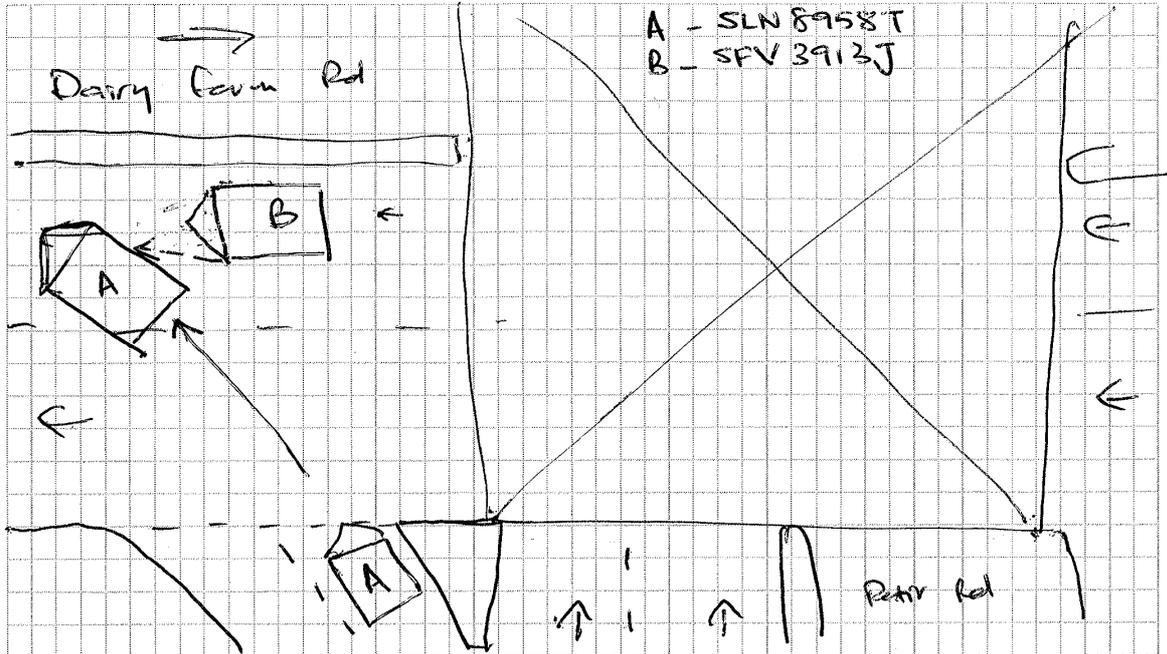
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFV3913J
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LEFT SIDE PORTION
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

Vehicle Number: SLN8958T

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At On 31/3/19 @ 0850am, I was driving along Peter Rd towards Dairy Farm Rd. I stopped at the sliproad before turning into Dairy Farm Rd. I noticed a car making a u-turn from the opposite direction along Dairy Farm Rd. The car was making a u-turn very slowly. As I noticed the road was clear for me to come out from the slip road, I drove into Dairy Farm Rd. Then suddenly I was hit by an oncoming vehicle from my right when slowly from the first lane then into the right lane suddenly one car appeared on my right tried to squeeze between my car and the kerb. As a result swiped against my right side of my driver's door.

DECLARATION

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

Policyholder's Signature 
 Date & Time: 01/04/19
C 12534

Driver's Signature 
 (If driver is not the policyholder)
 Date & Time: 01/04/19
@12534.

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

Accident Photo



Accident Photo



Accident Photo

