

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 ability
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 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	08/08/2016 11:28
Date Of Accident	06/08/2016 08:30
Exact Location Of Accident	FILTER LANE OF BOON LAY WAY & JURONG EAST CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8431Z
Insured/Policyholder	
Name Of Registered Owner	BKW RENT A CAR PTE LTD
Co Reg No	200106276D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96787777
Alternative Phone No	Office-67387777

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 J (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	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	999995433/100742918
Cover Note Number	

Driver

Name of Driver	TAN LI PHENG
NRIC No	S6807726E
Date Of Birth	22/02/1968
Occupation	Indoor
Date Of Driving Pass	11/10/1993
Driving Experience	22 Years And 9 Months
Gender	Female
Mobile Number	(Local) +65-96787777
Fax Number	
Contact Number	Office-67387777
Email Address	NOEMAIL

Address	120 LOWER DELTA ROAD #02-15 CENDEX CENTRE
Postcode	169208
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER
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 (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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 REFER TO THE SKETCH PLAN.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ5480U
Vehicle Make/Model/Colour	TOYOTA WISH BLACK COLOR
Details Of Properties	
Name of Driver	AUNIE MULIANI BTE MOHD YUNOS
NRIC/Passport Number	S7638966G
Contact Number	93887080
Address	
Postcode	
Insurance Company Name	AXA Insurance Singapore Pte Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

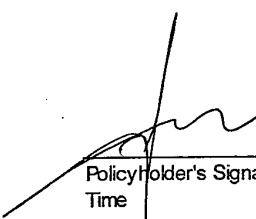
Name	
Phone Number	
Email Address	

Describe Circumstances of the Accident


Today 6/8/2016 8:30 am as I was driving along the Boon Lay Way filter to Exit to Jurong East Central.
I came to stop to give way to the car coming from the right then I hear a bang sound.
Car SGZ 5480 U had hit my car SJR 8431Z at the back,
A Lady Aunie Muliani Bte Mohd Yunus with NRIC S7638966G came down from the car.
She was told me that issue will be settle with her insurance.
So both of us exchanged the info with picture take and left the scene.


Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time




Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

