

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	04/05/2019 14:11
Date Of Accident	04/05/2019 11:15
Exact Location Of Accident	MOUNT ELIZABETH HIGHPOINT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL9930X
Insured/Policyholder	
Name Of Registered Owner	HO MIAW FONG
NRIC No	S0125778A
Email Address	GEORGEPEH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96868849
Alternative Phone No	OFFICE-96868849

Vehicle Particulars

Manufacturer	BMW
Model	325CIACABRIO-2.5 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA053886
Cover Note Number	

Driver

Name of Driver	PEH KIN HAW
NRIC No	S0235080G
Date Of Birth	14/11/1949
Occupation	INDOOR
Date Of Driving Pass	23/02/1967
Driving Experience	52 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94377911
Fax Number	
Contact Number	
Email Address	GEORGEPEH@HOTMAIL.COM

Address	62 ENG NEO AVENUE
Postcode	289543
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	
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

REFER TO ATTACHED.

Attachment(s)

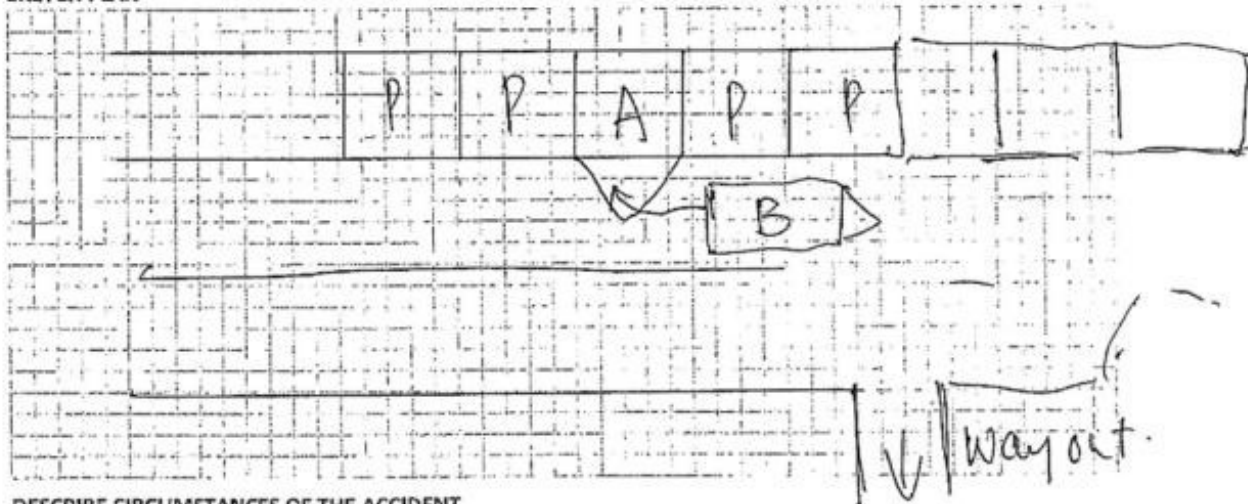
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD1712X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

'A' - Carplate No SKD 1712 X 'B' Carplate No: SDL 9930 X

I was reversing to get out of the Carpark and during reversing hit Car A (SKD 1712 X) which was at the Carpark lot (Stationary)

DECLARATION

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

Policyholder's Signature
Date & Time:

GUARDIAN 4x4 Insurance Co., Ltd.

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/5/2019

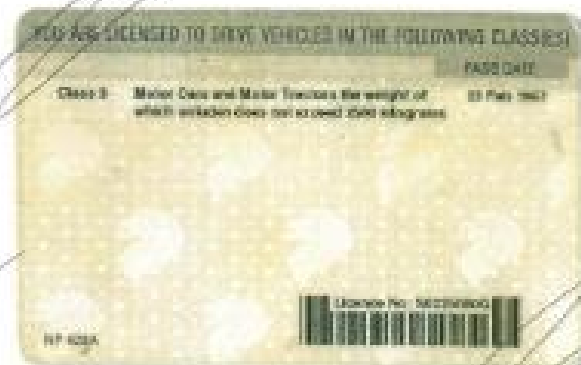
14 10

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

Driving License



For Account Request
use only
A. S. S.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



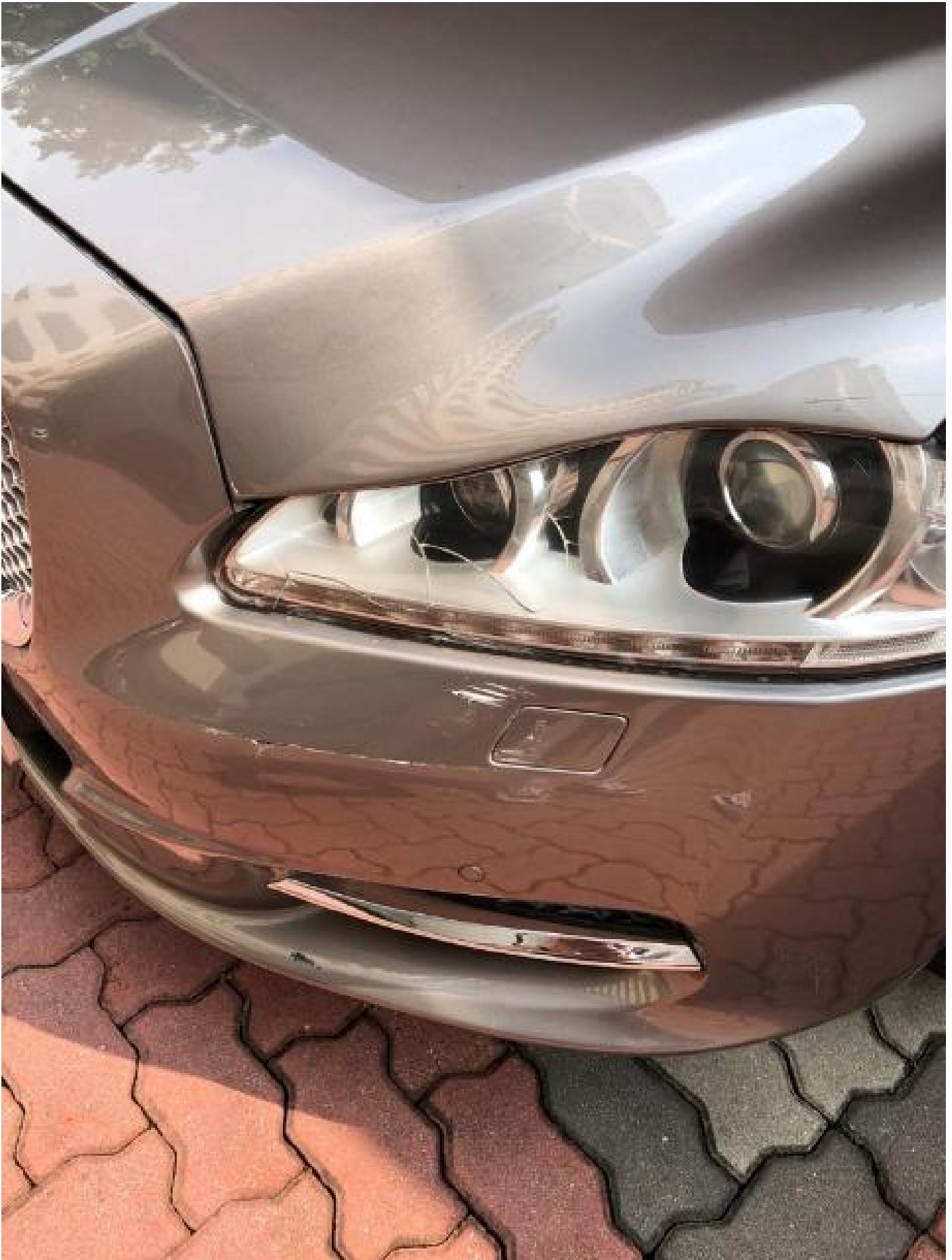
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