

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	13/05/2019 16:36
Date Of Accident	12/05/2019 17:45
Exact Location Of Accident	SIMS AVE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW2818C
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK TIONG
NRIC No	S7530811F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85112818
Alternative Phone No	OFFICE-85112818

Vehicle Particulars

Manufacturer	BMW
Model	523i
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA464442/1
Cover Note Number	

Driver

Name of Driver	TAN HOCK TIONG
NRIC No	S7530811F
Date Of Birth	15/10/1975
Occupation	INDOOR
Date Of Driving Pass	08/08/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85112818
Fax Number	
Contact Number	OFFICE-85112818
EMail Address	NOEMAIL

Address APT BLK 476B UPPER SERANGOON VIEW #16-528
Postcode 532476
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
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 3
Was any body injured in the Accident? YES
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) 2
Passenger 1 NAME: : MARIA TERESA MAHALAYNE
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name 10 UBI AVENUE 3
Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
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? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA7226U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver ZAKARIAH BIN YAHYA
NRIC/Passport Number S1498144F
Contact Number 90250961
Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKA6606C
Vehicle Make/Model/Colour KIA SORENTO
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CUPIDO CAESAR GIACOMO
NRIC/Passport Number S2772091I
Contact Number 96384717
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

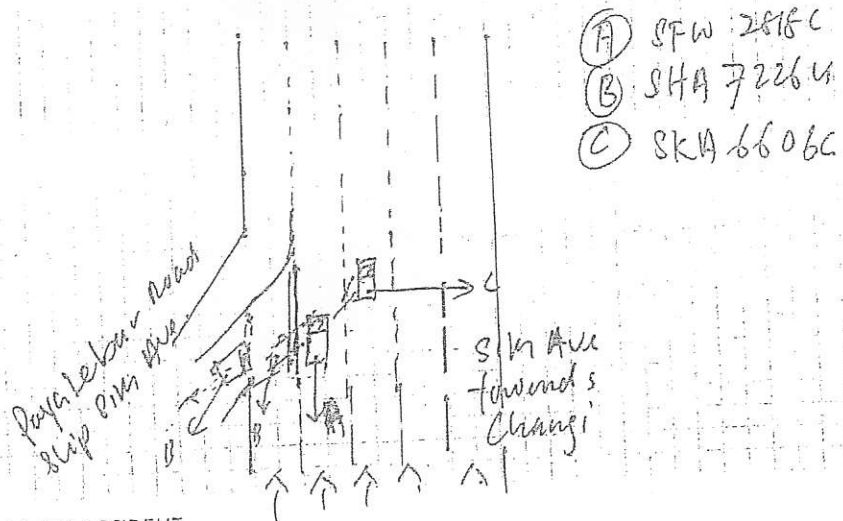
DETAILS OF INJURED PERSON 1

Name TAN HOCK TIONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFW2818C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address APT BLK 476B UPPER SERANGOON VIEW
#16-528
Postcode 532476

DETAILS OF INJURED PERSON 2

Name MARIA TERESA MAHALAYNE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFW2818C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along S1M Ave towards Changi junction of Paya Lebar Road (slip road) a taxi SHA 7226U came out without stop and collided against my vehicle and the impact push my vehicle move to the right and hit onto a vehicle SKA 6606C after the accident I felt my neck strain and went to EGH and was given 3 days medical leave. I also want to state that time of accident I had a passenger on the front seat (Maria Teresa Mahalingam.)

DECLARATION

I/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

Reporting Constable's Signature
Name
NRIC/ID No.