

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	22/05/2019 15:57
Date Of Accident	07/03/2019 17:20
Exact Location Of Accident	JUNCTION OF FUSIONOPOLIS WAY & AYER RAJAH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX3157E
Insured/Policyholder	
Name Of Registered Owner	LIEW YUN CHONG AGNES
NRIC No	S1169119F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188866
Alternative Phone No	OTHERS-91188866

Vehicle Particulars

Manufacturer	BMW
Model	640
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	VPA/P1698611
Cover Note Number	

Driver

Name of Driver	LIEW YUN CHONG AGNES
NRIC No	S1169119F
Date Of Birth	23/08/1956
Occupation	INDOOR
Date Of Driving Pass	29/04/2006
Driving Experience	12 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91188866
Fax Number	
Contact Number	OTHERS-91188866
E-Mail Address	NOEMAIL

Address	52 HUME AVENUE #10-11
Postcode	596230
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : ESTEBAN MERCHAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	GBB2670T
Vehicle Make/Model/Colour	NISSAN SILVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHONG WEI CHENG JACKY
NRIC/Passport Number	S9246265Z
Contact Number	87528772
Address	BLK 26 MARSILING DRIVE #06-229

Postcode 730026

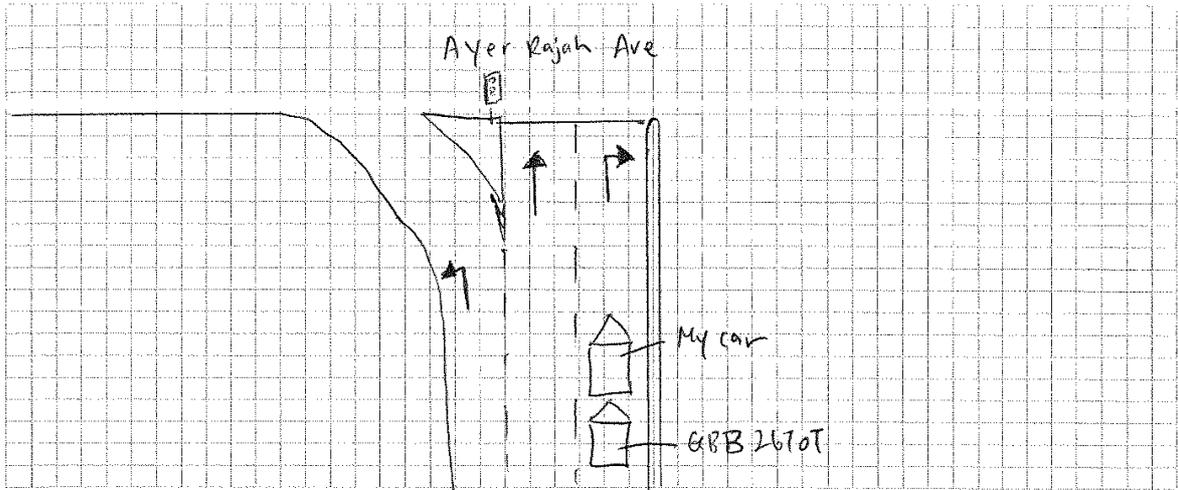
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Fu Sinapolis

Refer to police report

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 Centre
Name:
NRIC/FIN No.:

KEVIN LEONG WAI KIT
Performance Motors Limited
388 Alexandra Road
Sime Darby Performance Centre
Singapore 119941



**SINGAPORE
POLICE FORCE**



D/20190315/7003

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190315/7003

Person Name	Chong Wei Cheng		
ID Type	NRIC NO	ID No	S9246265Z
Gender	Male	Age	27
Race	Chinese	Language	English
Occupation	driver		

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 15/03/2019 10:27
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

