

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	27/11/2013 12:23
Date Of Accident	26/11/2013 01:30
Exact Location Of Accident	TPE TWDS PIE B4 JALAN KAYU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG743J
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Insured/Policyholder

Name Of Registered Owner	LEOW BENG SAY
NRIC No	S0199071C

Vehicle Particulars

Manufacturer	SUBARU
Model	LEGACY
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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P1122650
Cover Note Number	

Driver

Name of Driver	TAN KOON HUI
NRIC No	S8920075Z
Date Of Birth	16/06/1989
Occupation	Indoor
Date Of Driving Pass	17/08/2011
Driving Experience	2 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-94599023
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	APT BLK 58 CHAI CHEE DR, #10-122
Postcode	460058
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Other - NEPHEW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - REFER TO POLICE REPORT
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

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 SKETCH PLAN

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

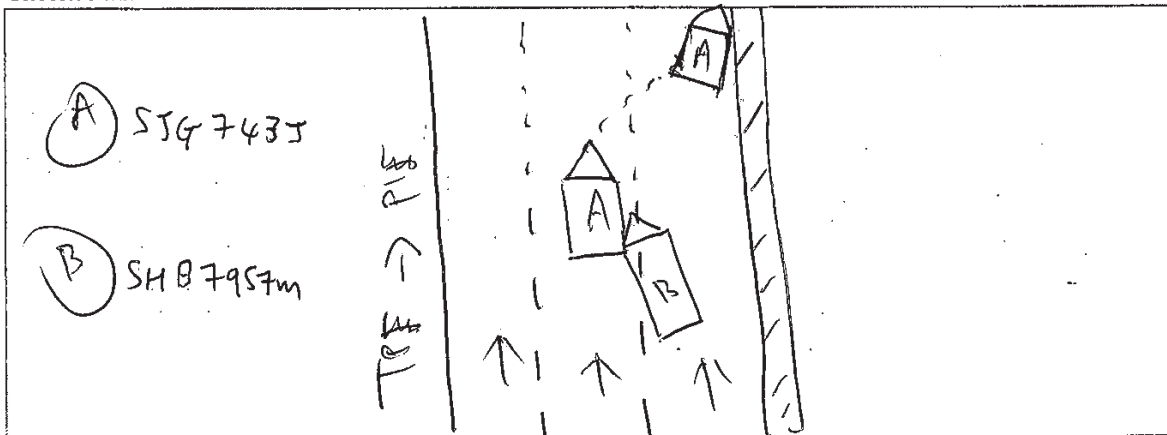
Vehicle Registration Number	SHB7957M
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

IMPORTANT NOTICE

- ### Sketch Plan



As Police Report.

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

Vehicle SJG 7435

Witnessed by Reporting Centre
Personnel

27/11/13



Police Report Pg.1

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20131126/4016

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Report No. T/20131126/4016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2013 04:12			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: TAN KOON HUI			Address: APT BLK 58 CHAI CHEE DRIVE #10-122 SINGAPORE 460058		
ID Type / ID No.: NRIC NO / S8920075Z			Contact No.: Home/Office: Mobile: 94599023		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 16/06/1989	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Technician			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	26/11/2013 01:30	Type of Location:	Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TPE TOWARD PIE BEFORE JALAN KAYU							
Weather: Clear		Road Surface: Dry		Road Speed Limit:			
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light			
Type of Collision: Between Moving Vehicles - Head To Side						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Color	Condition	No of Passenger	Insurance Company	Insurance No	Effective Date	Expiry Date
SHB7957 M (Not Accurate)	Car	CHEVROLET	RED	Slightly Damaged	0				
SJG743J	Car	SUBARU	DARK GREY	Seriously Damaged	1				

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20131126/4016

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Report No. T/20131126/4016

CONTINUATION OF REPORT

Driver			
Name	TAN KOON HUI	ID No.	S8920075Z
Related Vehicle	SJG743J (Car)	Contact No.	94599023
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

ON THE DATE , TIME AND LOCATION MENTIONED ABOVEs,

I WAS DRIVING A STRAIGHT ROAD GOING HOME . I WAS AT THE MIDDLE LANE OF 3 LANE . OUT OF SUDDEN THE TAXI BANG MY REAR SIDE OF MY CAR . THAN MY CAR LOST CONTROL AND HIT ONTO THE CENTRE DIVIDER.
THAT'S ALL .

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20131126/4016

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Report No. T/20131126/4016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /

QUEK YU JIE

RANAN MAREZ

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP /

Contact No.:

Signature Of Informant:

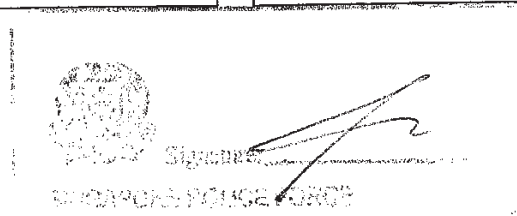
Date/Time:

26/11/2013 04:12

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



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Accident Photo



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