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 witholding 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 aforesaid.	bu hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/09/2019 15:57
Date Of Accident	31/08/2019 14:20
Exact Location Of Accident	CHOA CHU KANG TOWARDS BUKIT PANJANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GM3328J
Insured/Policyholder	
Name Of Registered Owner	SENKEE LOGISTICS PTE LTD
Co Reg No	197000800H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85118343
Vehicle Particulars	

OPEL Manufacturer

COMBO VAN AZ Model

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO P1559728

Policy Number

Cover Note Number

Name of Driver

Driver

NRIC No

NG MENG SENG

Date Of Birth

S1751991C

Occupation

29/08/1966

Date Of Driving Pass

INDOOR

Driving Experience

07/11/1991

27 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-85118343

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

BLK 430, BUKIT PANJANG RING ROAD #08-727

Postcode

670430

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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)

2

involved in the accident

NO

Was any body injured in the Accident? 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)

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 SKETCH PLAN.

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 Vehicle Make/Model/Colour

SGK7678H

A(a)

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

S8178738G

91875821

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31/8/2019 1420 HRS I WAS TRAVELING AWNY CHOA CHU KANG RO TOWARD
BUKIT PANJANG RO, SUDOENLY MY FRONT VEHICLE STOP AND I ALSO STOP BY
BEHIND THE FRONT VEHICLE, VEHICLE B SGK 7678H PHEN HIT MY REAR OF
MY VAN GM 33280

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 Ceptre Personnel's Signature

Name:

NRIC/FIN No.: