

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	02/11/2019 08:36
Date Of Accident	01/11/2019 13:35
Exact Location Of Accident	PIONEER ESSO PETROL STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG6793P
Insured/Policyholder	
Name Of Registered Owner	HO TECK SENG
NRIC No	S1265527D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98199373
Alternative Phone No	OFFICE-62667555

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (A)
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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2230207
Cover Note Number	

Driver

Name of Driver	HO TECK SENG
NRIC No	S1265527D
Date Of Birth	16/08/1957
Occupation	INDOOR
Date Of Driving Pass	30/07/1980
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98199373
Fax Number	
Contact Number	OFFICE-62667555
EMail Address	NOEMAIL

Address 288 TAMPINES ST 22
 Postcode 580288
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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? NO
 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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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 GBJ7344K
 Vehicle Make/Model/Colour SILVER TOYOTA DYNA
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver ARIVAZHAGAN PRABAHARAN
 NRIC/Passport Number G8606152Q
 Contact Number RIC DORMITORY 8 ENTERPRISE ROAD
 Address 629820
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 2

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBM 219144987 Vehicle Registration No : SM6 6793P

Name (as shown in NRIC) : HO TECK SENG NRIC/FIN/Passport No : S 12655270

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 01/11/19 Time of Accident : 13.35

Place of Accident : _____

Insurance Company : DAA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO OWN DAMAGE CLAIM AND RECOVERY.

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

Wed, 06/11/2019 15:19

Mr Ho, pls call Joe Tan from
Borneo motors at 66311507
to arrange yr veh for survey
thanks

Today 12:54

Hi Joe,
Good afternoon,
Thank you for your advise,
Since 3rd party not reported
to their insurances i
would like to revert my
own damages claim plus
recovery.thank you!

Today 14:38

Noted thanks