

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	10/03/2014 11:36
Date Of Accident	07/03/2014 02:10
Exact Location Of Accident	EU TONG SEN STREET TURN RIGHT TO OUTRAM RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK6317G
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Insured/Policyholder

Name Of Registered Owner	VIRAMOHAN S/O R MUNIYANDI
NRIC No	S0218547D

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)

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? 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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1216240
Cover Note Number	

Driver

Name of Driver	CHONG YI HUI
NRIC No	S9031975B
Date Of Birth	04/09/1990
Occupation	Indoor
Date Of Driving Pass	11/12/2012
Driving Experience	1 Year And 2 Months
Gender	Male
Mobile Number	(Local) +65-98113666
Fax Number	(Local) +65-90252324
Contact Number	
EMail Address	NOEMAIL
Address	BLK 199D PUNGGOL FIELD #09-439
Postcode	824199
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Friend
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 Side
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 THE SKETCH PLAN

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

Vehicle Registration Number	SHB7556L
Vehicle Make/Model/Colour	
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	

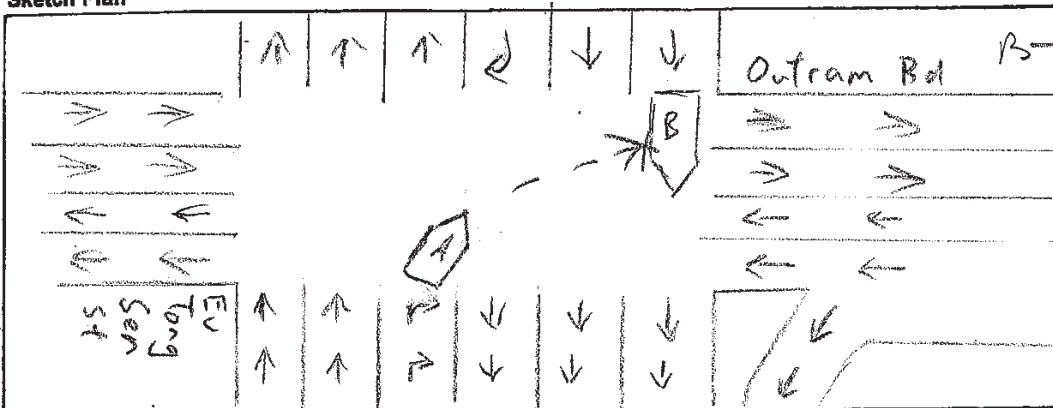
SKETCH PLAN

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A-SGK6317G

Sketch Plan



Describe Circumstances of the Accident

DOA 7th Mar 2014 2.10am

I was travelling along Eu Tong Sen Street making ~~into~~ a right turn onto Outram Rd. I proceeded to make a right turn on the green light. I failed to notice car B on the incoming lane. The accident then happened.

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

Witnessed by Reporting Centre Personnel

NOTE: PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE INFORMATION.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9031975B



Name
GARY CHONG YI HUI

鍾 一 輝

Race
CHINESE

Date of birth
04-09-1990

Sex
M

Country of birth
SINGAPORE

59031975B

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No. S9031975B

GARY CHONG YI HUI

Birth Date: 04 Sep 1990

Issue Date: 11 Dec 2012




002131379E

98113666


garyyy90@gmail.com

90252324 Vick

4411072



NRIC No. S9031975B



Date of issue
14-05-2009

Address
APT BLK 199D PUNGGOL FIELD
#09-439
SINGAPORE 824199

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 11 Dec 2012

NP 428A

Licence No. S9031975B

2500
250
2750
790
2942.50

To Whomever in charge,

I Viramohan s/o muniyandi IC no. s0218547D Authorise Gary Chong Yi Hui IC no. s9031975B to Drive my car for his personal use. And take full responsibility during the Period of usage from March 7th 0030hrs to 0600hrs.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

