SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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	29/04/2020 13:36		
Date Of Accident	28/04/2020 19:20		
Exact Location Of Accident	UPPER SERANGOON ROAD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE	Charles Sa	
Vehicle Registration Number	SLU2082Y		
Insured/Policyholder			
Name Of Registered Owner	STEPHANIE PANG SEW MEI		
NRIC No	SXXXX280H		
Email Address	RCAUTO5555@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-90291631		
Alternative Phone No	OFFICE-90291631		
Vehicle Particulars			
Manufacturer	HYUNDAI		
Model	ELANTRA		
Exact Purpose for which vehicle was being used a 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	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	AXA INSURANCE PTE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	VPA/P2036697		
Cover Note Number			
Driver			
Name of Driver	STEPHANIE PANG SEW MEI		
NRIC No	SXXXX280H		
Date Of Birth	21/05/1973		
Occupation	INDOOR		
Date Of Driving Pass	24/01/1995		
Driving Experience	25 YEARS AND 3 MONTHS		
Gender	FEMALE		
Mobile Number	(LOCAL) +65-90291631		
Fax Number	,,		
Contact Number			

OFFICE-90291631

RCAUTO5555@GMAIL.COM

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Address

16C PALM GROVE AVE S(544957)

Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

2

NO

NO

NO

NO

YES

NO

NO

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer attached report.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SLR1053D

PRIVATE CAR

8444466

DJIE KWONG HWEE

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Informant:

Stephanie Pang Sew Mei

NRIC: \$7318280H

Vehicle No. SLU2082Y (Hyundai)

Mobile: 90291631

Third Party: Djie Kwong Hwee NRIC: S7534454F

Vehicle No. SLR1053D (BMW)

Mobile: 84444466

Insurance Policy [UOI] DHOM120045111900

Independent Witness:

Aaron

Vehicle No. SMJ9598B (Honda)

Mobile: 82336347

Traffic Accident Report for Third Party Insurance Claim

On 28 Apr 2020 at about 7.20pm, I was driving my car (Hyundai Elantra, SLU2082Y) along Hillside Drive towards the direction of Upper Serangoon Road. At the junction of Kovan Rd, another car (BMW, SLR1053D) hit onto my car on the driver side door.

Road condition was dry and road was well lit with street lights. I did not sustain any injury.

I am lodging this report for third party insurance claim against the driver of SLR1053D.

