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 (CIA) 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.

	- 11	24 21	. 2 7	-1	1	1 .
D 1 (00) (00) (00)	-1 : 8	En. # 1				R 1

Date Of Report 04/05/2020 11:55 Date Of Accident 04/05/2020 07:30

Exact Location Of Accident PIE TWDS TUAS AFTER PIONEER RD NORTH

Country/State of Loss SINGAPORE

etals of own vehicl

Vehicle Registration Number SEA1604A

Insured Policyholder

Name Of Registered Owner QUEK BOON TIONG DANNY

NRIC No SXXXX913B Email Address **NOEMAIL**

Mobile Phone No. (LOCAL) +65-98585387

Alternative Phone No. OFFICE-98585387

Vehicle Particulars II and the Advisor of the III and Manufacturer AUDI Model **A6**

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?

If No. Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

Name of Insurance Company **AXA INSURANCE PTE LTD**

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA502514

Cover Note Number

Owe was provided the external property of the provided by the

Name of Driver QUEK BOON TIONG DANNY

NRIC No SXXXX913B Date Of Birth 04/10/1976 Occupation **INDOOR** Date Of Driving Pass 07/11/1998

Driving Experience 21 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98585387

Fax Number

Contact Number OFFICE-98585387

EMail Address NOEMAIL 现的基础 医乳腺性肾 化环酸钠 医眼镜 计表现的 法未证的 化电子电子 化环状物 化二甲基甲基 化二甲基甲基 化二甲基甲基 化二甲基甲基 化二甲基甲基 化二甲基甲基 化二甲基甲基 化二甲基甲基

Address

75 YISHUN AVE 11 #03-11

768860

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

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

NO

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)

NO

soliciting/offering accident claims assistance. 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

I WAS TRAVELLING ALONG PIE TOWARDS TUAS AFTER PIONEER ROAD NORTH. VEHCLE AHEAD SLOWED DOWN AND STOPPED, I FOLLOWED SUIT, MOMENTS LATER, VEHICLE B REAR ENDED MY VEHICLE. Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Vehicle Registration Number

le of other ver SMP7011J

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Vehicle Registration Number

SJG2553C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

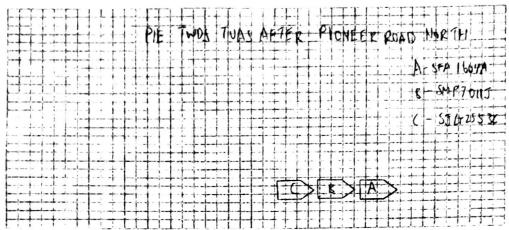
Nature Of Damage

No. Of Passenger (Including Driver)

VEHICLE C PRIVATE CAR

Sketch Plan #2 Pg. 1





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS TUAS AFTER PIONEER ROAD NORTH . VEHICLE AHEAD SLOW DOWN ASSISTOP, TFOLLOW SUIT, MOMENT LATER
WENCE ADEAD STOWN DOWN AND THE TOWN SHIT MOMENT LATER
VEHICLE AREAD SLOW DOWN ALESTOP, I POLLOW SOIT, WOWLEN EVER
VHEICLE B REAR ENDED MY VEHICLE.

DECLARATION

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

Policyholder Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name.

NRIC / FIN No.: