

## 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 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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SFA1604A  
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

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? 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 GA502514  
Cover Note Number

### Driver

Name of Driver QUEK BOON TIONG DANNY  
NRIC No SXXXX913B  
Date Of Birth 04/10/1978  
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

Address 75 YISHUN AVE 11 #03-11  
 Postcode 768860  
 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

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 3  
 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) 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**

I WAS TRAVELLING ALONG PIE TOWARDS TUAS AFTER PIONEER ROAD NORTH. VEHICLE 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

**DETAILS OF OTHER VEHICLE PROPERTY**

Vehicle Registration Number 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)

**DETAILS OF OTHER VEHICLE PROPERTY**

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**

**SKETCH PLAN:**

PIE TWO TUNAS AFTER PIONEER ROAD NORTH

A - SFA 1669A  
B - SMP 7011J  
C - SJ 425538

C → B → A

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS TRAVELLING ALONG PIE TOWARDS TUAS AFTER PIONEER ROAD NORTH .  
VEHICLE AHEAD SLOW DOWN AND STOP, I FOLLOW SUIT. MOMENT LATER  
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.:**