

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 14/05/2020 15:35
Date Of Accident 26/03/2020 07:30
Exact Location Of Accident ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN4627M
Insured/Policyholder
Name Of Registered Owner MS CARZ LEASING PTE LTD
Co Reg No 2XXXXX066R
Email Address JERRY@MSGROUP.COM.SG
Mobile Phone No (LOCAL) +65-97666288
Alternative Phone No OFFICE-84680305

Vehicle Particulars

Manufacturer HONDA
Model VEZEL-1.5 X HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident HIRE & REWARDS
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 HIRE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number P2323452
Cover Note Number 13/08/2019 - 12/08/2020

Driver

Name of Driver KELVIN EZEKIEL TAN WEI CHIH
NRIC No SXXXX228A
Date Of Birth 26/06/1973
Occupation INDOOR
Date Of Driving Pass 16/03/1999
Driving Experience 21 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-84680305
Fax Number
Contact Number OTHERS-97666288
Email Address KELVINEZEKIEL1973@GMAIL.COM

Address 338C ANCHORVALE CRESCENT
#06-37
Postcode 543338
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY
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? 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? YES
If Yes, Please state which Police Station
Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

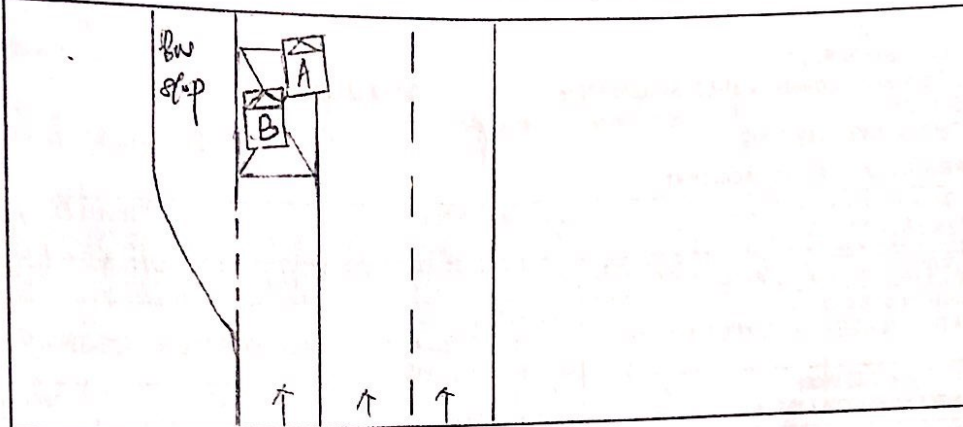
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3637C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Sketch Plan Pg. 2

Date of accident: 26/03/2020 Time: 0730hrs Location: Commonwealth Ave West
 My Vehicle A: SANAG27N Vehicle B: SHD3637C Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200326/2143

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop : Optima Westz Pte Ltd
 Email address : Sharon @ ow.sg
 & myself : Jerry @ ugroup.com.sg
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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:

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

AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



T/20200326/2143

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Report No. T/20200326/2143

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2020 20:45	Vide Report No.:	Station Diary No.: 197
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Informant's Particulars

Name of Informant: KELVIN EZEKIEL TAN WEI CHIH			Address: APT BLK 338C ANCHORVALE CRESCENT #06-37 SINGAPORE 543338		
ID Type / ID No.: NRIC NO / S732228A			Contact No.: Home/Office: Mobile: 84680305		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 26/06/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: grab driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2020 07:30	Type of Location: X-Junction
Location: Along Road 1 COMMONWEALTH AVENUE WEST				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3637C						0
SMN4627M						0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200326/2143

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200326/2143

CONTINUATION OF REPORT

Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SHD3637C		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	KELVIN EZEKIEL TAN WEI CHIH		ID No.	S7322228A
Related Vehicle	SMN4627M		Contact No.	84680305
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On the 26/03/2020 at about 0730hrs, I was driving my vehicle SMN4627M along Commonwealth avenue west towards Dover. As I was driving, there was a vehicle SHD3637C which was behind me. Both vehicles wanted to turn left to Clementi Avenue 4. While turning, the said vehicle front right portion collided onto the rear left passenger door. After the accident, both parties exchange particulars and I am not injured in any way. There is slight damages on my vehicle. I am lodging this report for insurance claim purposes.