

## 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 27/06/2020 15:19  
Date Of Accident 26/06/2020 10:45  
Exact Location Of Accident CHARTWELL DRIVE OSCP (NEAR UOB)  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SCG9300C  
**Insured/Policyholder**  
Name Of Registered Owner LIM GUEK LAN  
NRIC No SXXXX652E  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-97306793  
Alternative Phone No OFFICE-97306793

### Vehicle Particulars

Manufacturer MAZDA  
Model 3-2.0 SEDAN SPORTS A/T 2WD S/R (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? 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 GA523554  
Cover Note Number

### Driver

Name of Driver LIM GUEK LAN  
NRIC No SXXXX652E  
Date Of Birth 25/11/1951  
Occupation INDOOR  
Date Of Driving Pass 29/05/1978  
Driving Experience 42 YEARS AND 0 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-97306793  
Fax Number  
Contact Number OFFICE-97306793  
Email Address NOEMAIL

Address 93 BEGONIA DRIVE  
 Postcode 809951  
 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 COLLISION - HEAD TO REAR  
 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) 2  
 Passenger 1 NAME: : DAUGHTER  
 GENDER: : FEMALE

#### 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

PLEASE REFER TO SKETCH PLAN

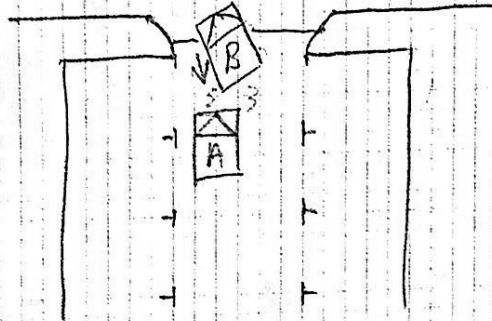
#### Attachment(s)

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 SHA4605D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver LEO  
 NRIC/Passport Number  
 Contact Number 96322171  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

SKETCH PLAN



A = SCG9300C  
B = SHA4605D

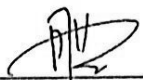
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was heading towards the carpark exit as I follow behind vehicle B. Upon approaching the exit, he moved out a little and I notice a car approaching along Chartwell Dr. Suddenly, vehicle B reverse into my vehicle front and caused damage to my front.


\* Third Party claim at other workshop - King Auto

DECLARATION

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

  
Policyholder's signature  
Date & Time:  
Company Chop (if applicable)

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

