MKKH20039553 / K Kim Hin Auto Pte Ltd - HQ
ENTRY DATE & TIME: 03/04/2020 11:17
SUBMITTED BY: Sandra Khong Yee Teng

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 (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	03/04/2020 11:17
Date Of Accident	02/04/2020 18:30
Exact Location Of Accident	BLK 760/761 YISHUN AVENUE 3 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YM5283C
Insured/Policyholder	
Name Of Registered Owner	JAREEN S/O A ANBU
NRIC No	SXXXX475A
Email Address	JAREENS03@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94784547
Alternative Phone No	OFFICE-94784547
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FB70ABOSRDEA-2.8 D (M)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA268285
Cover Note Number	
Driver	
Name of Driver	JAREEN S/O A ANBU
NRIC No	SXXXX475A
Date Of Birth	03/05/1954
Occupation	INDOOR
Date Of Driving Pass	16/05/1978
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94784547
Fax Number	
Contact Number	OFFICE-94784547
EMail Address	JAREENS03@GMAIL.COM

Address	BLK 770 YISHUN AVENUE 3 #07-251
Postcode	760770
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 - MAJOR/MINOR RD
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: : WIFE 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

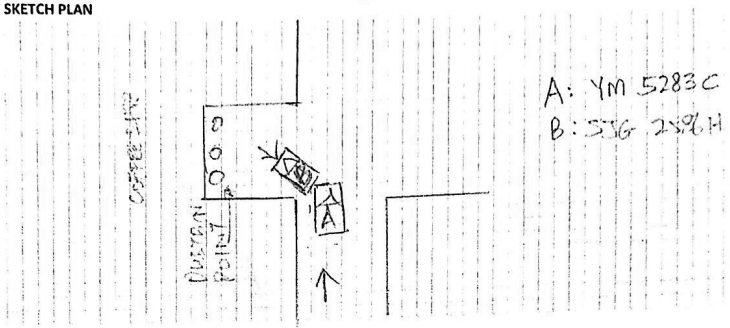
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG2586H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH BOON LIN, COLIN
NRIC/Passport Number	SXXXX110J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT AND VEHICLE B SUDDENLY REVERSED AND HIT MY LORRY LEFT FRONT PORTION.

HE APOLOGISED AND SAY HIS FAULT.

I WANT TO CLAIM HIS INSURANCE.

I WAS GOING TO DO DELIVERY AT THE TIME/ POINT OF ACCIDENT.

DECLARATION

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

3/4 @ 10:00Am

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

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

TEL: 6452 7018

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