

## 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 15/10/2020 14:09  
Date Of Accident 14/10/2020 17:15  
Exact Location Of Accident PIONEER RD TOWARDS TUAS ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC1554R  
**Insured/Policyholder**  
Name Of Registered Owner LEASE A CAR PTE LTD  
Co Reg No 2XXXXXX69Z  
Email Address FASTERAUTO1@SINGNET.COM.SG  
Mobile Phone No (LOCAL) +65-83395353  
Alternative Phone No OFFICE-83395353

### Vehicle Particulars

Manufacturer VOLVO  
Model XC60  
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  
Fleet Policy NO  
Policy Number VFX/P1802687  
Cover Note Number

### Driver

Name of Driver SUBRAMANIAN KANNAN  
NRIC No SXXXXX344I  
Date Of Birth 26/05/1977  
Occupation INDOOR  
Date Of Driving Pass 12/04/2008  
Driving Experience 12 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-83395353  
Fax Number  
Contact Number  
EMail Address FASTERAUTO1@SINGNET.COM.SG

Address 511 GUILLEMARD RD #02-17A GRANDLINK SQUARE S(399849)  
Postcode  
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 -  
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? YES  
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

refer attached report.

#### 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

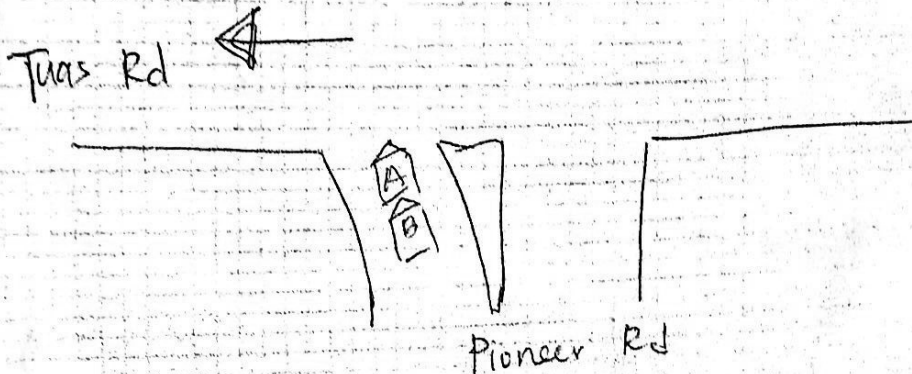
Vehicle Registration Number SLH1931Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SUBRAMANIAN KANNAN

SKETCH PLAN

(A) SKC 1554 R (B) SLH 1931 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/10/2020 at 5:12 pm. I was travelling my vehicle (A) SKC 1554 R along Pioneer Rd turning to Tuas Rd. As I slowly and stop to give way the vehicle on main road. Suddenly the vehicle (B) SLH 1931 Y cannot stop in time and hit my vehicle rear portion. THIS CAR USING FOR OFFICE USE

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.: