

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 Submission	16/12/2020 10:32 (SGT)
Date of Accident	04/12/2020 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Slip Road From Choa Chu Kang Drive towards Teck Whye Crescent
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ7595J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Teo Chai Lan
NRIC No	SXXXX334I
Email Address	deweygoh@hotmail.com
Mobile Phone No	(Phone) +65-91708059
Alternative Phone No	(Home) +65-91708059

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Accord
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	GA478520/1
Cover Note Number	nil

DRIVER

Name of Driver	Goh Dewey
NRIC No	SXXXX669G
Date Of Birth	10/06/1995
Occupation	Indoor

Date Of Driving Pass	12/10/2017
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96264763
Alt. Phone Number	-
Email Address	deweygoh@hotmail.com
Address	Blk 272 Pasir Ris Street 21 #01-484
Address complement	-
Postcode	510272
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Report please refer to sketch plan
Late reporting done due to awaiting authorization from AXA to input into gears.

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

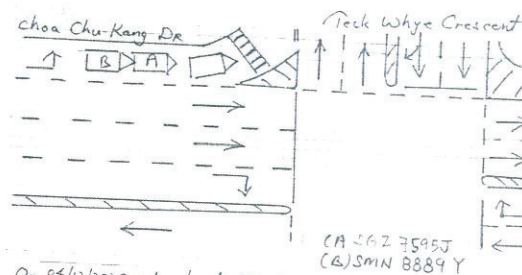
Vehicle Registration Number	SMN8889y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Goh Dewey
Address	Blk 272 Pasir Ris Street 21 #01-484
Address Complement	-
Post Code	510272
Approximate Age Years Old	-
Injuries Sustained	Back & Neck
Injured person in which vehicle?	SGZ7595J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



On 04/12/2020 at about 05:00 hrs at slip road from Choa Chu Kang Drive towards Teck Whye Crescent, I was travelling on the extreme left lane along Choa Chu Kang Drive and came to a stop behind a vehicle at the above mentioned slip road while giving way to the pedestrian to cross at the Zebra Crossing. Suddenly I felt a great impact from the Rear and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my vehicle (A) causing damages to my vehicle.