

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	11/01/2021 14:49 (SGT)
Date of Accident	11/01/2021 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	10 ADMIRALTY ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX5161D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YOU CHANGHUI
NRIC No	SXXXX780J
Email Address	raymond.you@linidworks.com
Mobile Phone No	(Phone) +65-98919810
Alternative Phone No	+65-98919810

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	YOU CHANGHUI
NRIC No	SXXXX780J
Date Of Birth	25/03/1985
Occupation	Indoor

Date Of Driving Pass 30/07/2013
Driving experience 7 YEARS AND 6 MONTHS
Gender Male
Mobile Number (Phone) +65-98919810
Alt Phone Number +65-98919810
Email Address raymond_you@linidworks.com
Address 863 YISHUN AVE 4 #10-67 SPORE 760863
Address complement -
Postcode -
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured -
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 - Cross Junction
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? No
Was any injured conveyed to hospital by ambulance? -
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 INVOLVEMENT

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

DETAILS OF THE ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENTS

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 XE11045
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -

Number of Listings

Number of properties managed in portfolio

Net of Dispositions (including Divest)

SKETCH PLAN #2

NO TOP PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text describing the accident circumstances:

On 11/10/2011, I was driving on the road (Linn Road) and I was driving in the center lane. I was driving at a speed of 40 km/h. I was driving in the center lane and I was driving in the center lane. I was driving in the center lane and I was driving in the center lane.

DECLARATION

I hereby declare that the information provided is true and correct.

Accident Report
Date & Time

Driver Name
Address & Contact Information
Date & Time

Investigation Officer Name
Date & Time