

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 Submission 18/02/2021 13:23 (SGT) Date of Accident 17/02/2021 05:35 (SGT) Exact Location of Accident Woodlands Ave 3, Singapore Additional Location Information woodlands ave 3 Country/State of Loss Singapore

Vehicle Registration Number SGZ2402R INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner ALPHA MOTORS PTE. LTD Company Reg No 2XXXXX050H Email Address den.goldencharter@gmail.com Mobile Phone No (Phone) +65-97736360 Alternative Phone No +65-97736360 VEHICLE PARTICULARS Manufacturer Toyota Model **ALTIS** Variant 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 - Claiming third party Vehicle Category Private hire INSURANCE COMPANY Name of Insurance Company Axa Type of Coverage ThirdParty Fleet Policy No Policy Number

Cover Note Number CN078200

DRIVER

RAZALEE BIN KAMIS NRIC No SXXXX328H Date Of Birth 16/04/1963 Occupation Outdoor

Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER'S PREFERRED WISHOP - AUBURN AUTO PTE LTD

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

11/09/2003

Male

730872

No

No

Hirer

Clear

Dry

No

Yes

No

Yes

Yes

2

17 YEARS AND 5 MONTHS

den.goldencharter@gmail.com

BLK 872 WOODLANDS ST 81 #10-272

Bukit Panjang North Neighbourhood Police Post

Blk 27 Marsiling Drive Singapore 730027

(Phone) +65-93365213

Collision - Head to Rear

No

No

AILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

Contact Number

GBE5584Z

Tovota

Hiace

Commercial vehicle

Accident report SF0F212I0001

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Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property darnaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

SGZ2402R

INJURED 1

Were seat belts worn? Was this injured conveyed to hospital by ambulance?

Injured person in which vehicle?

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