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. 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withouting of miscondination 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	
	08/03/2021 17:51 (SGT)
Date of Accident	
Exact Location of Accident	07/03/2021 15:45 (SGT)
A Jaw	Lim Teck Kim Rd, Singapore
Additional Location Information	
Country/State of Loss	Lim Teck Kim Rd turn into Tanjong Pagar Road
	Singapore

Additional Location Information Country/State of Loss	Lim Teck Kim Rd, Singapore Lim Teck Kim Rd turn into Tanjong Pagar Road Singapore
DETAILS C	OF OWN VEHICLE
Vehicle Registration Number	SCY2188L
INSURED/POLICYHOLDER	Terdena og skapariskel va benjarste mer sender grenne er blant. Skapariskelskelskelskelskelskelskelskelskelskel
Is company?	No
Name Of Registered Owner	Ng Siew Eng
NRIC No	SXXXX601A
Email Address	poky_78@hotmail.com
Mobile Phone No	(Phone) +65-96698266
Alternative Phone No	(Home) +65-96698266
	Smell smell
VEHICLE PARTICULARS	
Manufacturer	Porsche
Model	MACAN 2.0 A/T ABS D/AIRBAG AWD
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? Vehicle Category	No - Claiming third party
Vollicle Outegory	Private car
INSURANCE COMPANY	
Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA409141/1
Cover Note Number	· Andrews of the second of the second of
DRIVER	en and the second of the secon
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IRIC No	Phua Kee Kiat
Date Of Birth Decupation	SXXXX085G 01/12/1978 Indoor
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DECLARATION	ticulars are true in every	respect.		1
DECLARATION I/We declare the foregoing par	ticulars are true in every	respect.		1
DECLARATION I/We declare the foregoing par	ticulars are true in every	respect.		re Personnels Signature