

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 the claim.
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. Actions regarding 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 acceptance 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 14/04/2021 20:01 (SGT)
Date of Accident 13/04/2021 17:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BRADDELL ROAD SLIP ROAD JUNCTION TO TOA PAYOH
Country/State of Loss LORONG 6
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBL9899C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN KWANG PHENG
NRIC No SXXXX768F
Email Address LOUIS1768@YAHOO.COM.SG
Mobile Phone No (Phone) +65-92393338
Alternative Phone No (Home) +65-92393338

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 car
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA549432
Cover Note Number -

DRIVER

Name of Driver TAN KWANG PHENG

NRIC No	SXXXX768F
Date Of Birth	02/07/1970
Occupation	Indoor
Date Of Driving Pass	05/01/1993
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92393338
Alt. Phone Number	(Home) +65-92393338
Email Address	LOUIS1768@YAHOO.COM.SG
Address	BLK 563 ANG MO KIO AVENUE 3 #08-3449
Address complement	-
Postcode	560563
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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 ACTION

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

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

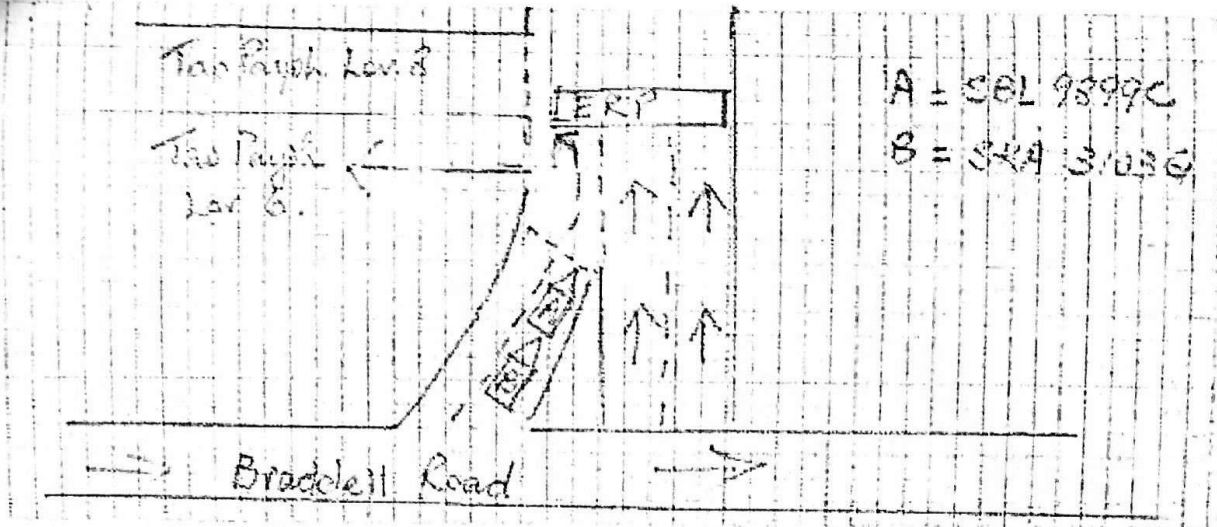
ATTACHMENT(S)

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	SKA3103G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91691741
Address	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Braddell Road entered into the Ship road and stopped at the junction waiting for the front on moving traffic on Top Payoh Leveng 6 to clear before I could drive forward. Suddenly I heard a loud bang and came out of my vehicle and realise vehicle B has collided into the rear of my vehicle.

TP Claim other workshop.

**Please forward a copy of my efile report to my workshop Complete VMS Pte Ltd

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

CHAMPION SIGNATURE

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

