

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	23/07/2021 14:10 (SGT)
Date of Accident	20/07/2021 16:10 (SGT)
Exact Location of Accident	Pipit Rd, Singapore
Additional Location Information	PIPIT RD TURNING CIRCUIT RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS9119R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG MEI LING CHRISTINA
NRIC No	SXXXX158I
Email Address	CNG77SG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98428077
Alternative Phone No	+65-98158281

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA496895/1
Cover Note Number	17/09/2020 - 16/09/2021

DRIVER

Name of Driver	NG KIM CHAI
NRIC No	SXXXX739F

Date Of Birth	02/01/1940
Occupation	Indoor
Date Of Driving Pass	03/05/1979
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98158281
Alt. Phone Number	-
Email Address	CNG77SG@HOTMAIL.COM
Address	46 CIRCUIT RD
Address complement	#02-645
Postcode	370046
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Side Swipe
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 vehicle 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

PLS REFER TO THE SKETCH PLAN BY DRIVER

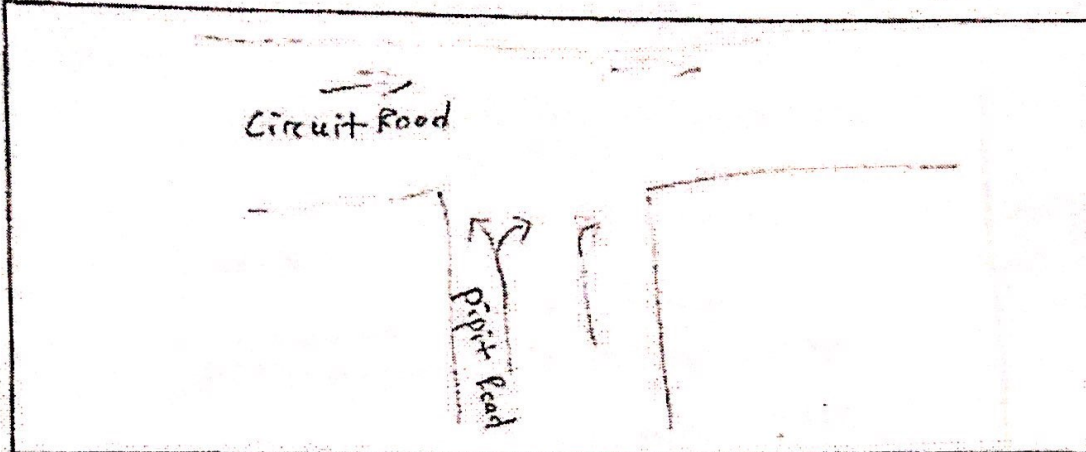
ATTACHMENT(S)

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	SHB1883G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN



I was turning ~~right~~ pipit Road to Circuit Road
I am on the LH side this vehicle SHB18836
coming straight and hit into my RH side.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my file accident report to :
My workshop : Green Hin Motor Workshop
Email address : ~~g~~ guanhimotor@yahoo.com
& myself :
Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under
you own policy. Kindly check with your own insurer for more information.

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

Reporting Centre: **AMSTERDAM**
Name: **Q**
AKIC/PIN IN: **COMPLETED**