## SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

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 Authorized Driver
 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.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 By the loddement 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.

and that copies of this report will, for a res, 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**

1498

Vehicle Registration Number **SLS9119R** INSURED/POLICYHOLDER

Is company? ...... Name Of Registered Owner NG MEI LING CHRISTINA NRIC No ..... SXXXX158I Email Address CNG77SG@HOTMAIL.COM (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 No - Claiming third party interest to the contract of th Vehicle Category Private car Transmission Auto

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

CC

NG KIM CHAI Name of Driver SXXXX739F NRIC No

Accident report SA19217M0004

Page 1 of 19

Date Of Birth	
Occupation	02/01/1940
Date Of Driving Pass	Indoor
Driving experience	03/05/1979
Gender	42 YEARS AND 2 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-98158281
Email Address	- CNOTTO CHOTHE COM
Address	CNG77SG@HOTMAIL.COM
Address complement	46 CIRCUIT RD
Postcode	#02-645 370046
Is the driver the policyholder?	370046
If No, Relationship of the Driver with the Insured	No Danast
Does Driver Own Other Vehicles?	Parent
Vehicle Registration Number of Other Vehicle Owned by Driver	No
And the first of t	
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMÁTION OF THE ACCIDENT	
and the control of th	
Time of Assistant	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
SAPANEL CHULARINASKUNGUNALANINGUNANANANANANAN KANU PRINCIPALINAN PANANAN PANAN	
OTHER INFORMATION	
KAAPARANGA KANDUN NEUNANGARANG BERKERA SA	THE CANADA STATE OF THE CA
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	No
Was anyhody injured in the Applicant?	2
Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or preperty demand?	
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
soliciting/offering accident claims assistance:	NO
STREAM RESEARCE PROPERTIES FROM THE STREET OF THE STREET O	. Dan saka in manggapangangangan panggapangangan kanggapangangangangangan danggapangangangangangangangangangan
DETAILS OF POLICE ACTION	THE STATE OF THE S
and the second second	The state of the s
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	그렇다 그 없는 이 바쁜데 그리지 않는데 없는데 없는데 하게 되었다.
normasi anapo anggulo nigengga sagapogo sagaga pogusi ayabang nanggangga pogusi supengga ayyang pagapa nangga nang	P25/250030501305141297710100504001000501000001000000000000000
CIRCUMSTANCES OF ACCIDENT	
DESTRICUSTA CARRINGES VA DE ERROR SALEGADA DE SARES PARES DA CARRA DE EL SE USO PREDESTARA DE ARABAMENTA DE REPORTA DE LA PREDESTA DE CARRA DE ARABAMENTA DE REPORTA DE LA PREDESTA DE CARRA DE	
PLS REFER TO THE SKETCH PLAN BY DRIVER	
LOTE EN TO THE SKETOTT EARDY BRIVER	
AND THE STATE OF THE PROPERTY OF THE STATE OF	TO CONTROL OF THE CONTROL OF THE PROPERTY OF T
ATTACHMENT(S)	
400000 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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
DETAILS OF STIER	VEHICLE PROPERTY
Vehicle Registration Number	SHB1883G
Vehicle Manufacturer	
Vehicle Model	됐는데, 이 그 이 맛있는데 그는 그 그리고 그 때문에, 이래도, 어느 때문
Vehicle Variant	경기 아이는 아이는 아이는 아이는 그리가 모양하다고 했다.
Vehicle Colour	그런 일반 그리고 없이 그리고 있다는 사람들이 되었다. 이번 없는 사람들이 되었다.
Vehicle Category	Taxi
Name of Driver	ps "마이트 에 고래한 bs. 는 400 kg 나이트 이 300 전략적인 연원()
Contact Number	
Address	
Address complement	
<b></b>	Dana 0 - 440

Accident report SA19217M0004

Page 2 of 19

	could Rood le SHB 18836 RH 57de.
I am on the LH side this whi is om one stright and hit onto my	LIE SHB 18836
I was turning find pipit Road to Ci I am on the LH Side this whi Somang stright and hit onto my	LIE SHB 18836
I am on the LH side this whi is omong stright and hit onto my	LIE SHB 18836
A DESCRIPTION OF THE PROPERTY	
Claim OD/TP at Ah Lim Motor Claim OD/TP at other work emarks: Please forward a copy of my effle accident report to: by workshop: Green Him Meter Werte Shap mail address: Gas guantumetor C. Jahre Com myself: mail address:	
ote: Please take note that your insurer have 14 days timeframe for you to ou own policy. Kindly check with your own insurer for more information	o submit own damage claim under
CLARATION e declare the foregoing particulars are true in every respect.	

Page 5 of 19