

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 06/09/2021 10:54 (SGT)
Date of Accident 04/09/2021 19:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TO CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH4303R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HAIRANI BINTE SIDEK
NRIC No SXXXX441C
Email Address NANIESIDEK74@GMAIL.COM
Mobile Phone No (Phone) +65-81689852
Alternative Phone No +65-81689852

VEHICLE PARTICULARS

Manufacturer Honda
Model HRV 1.5 LX CVT
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 1496

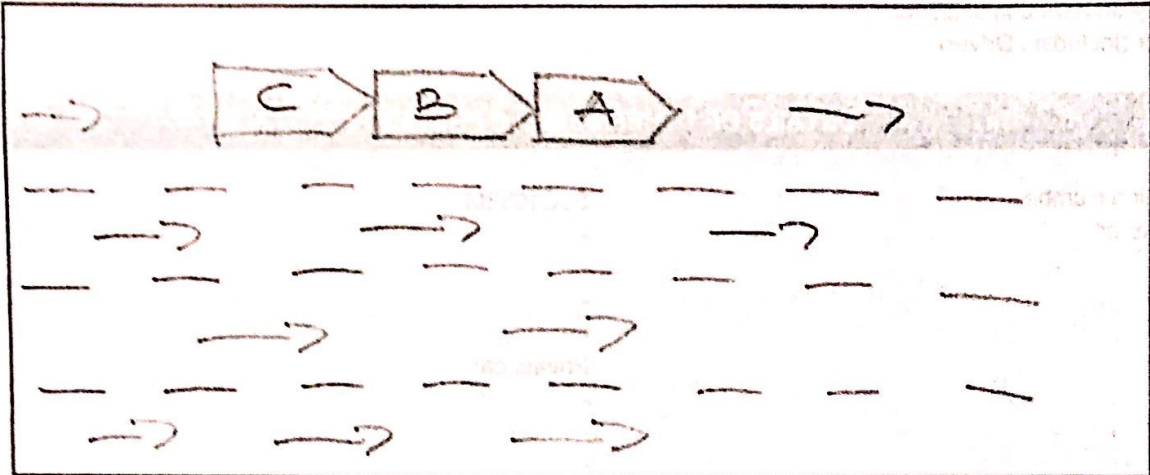
INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA570273/1
Cover Note Number 02/05/2021 - 01/05/2022

DRIVER

Name of Driver HAIRANI BINTE SIDEK
NRIC No SXXXX441C

Date of accident: 4/9/2021 Time: 1935 Location: CTE to City
My Vehicle A: SLH4303R Vehicle B: QBB3902T Vehicle C: QJC1683M
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was raining heavily. I was driving at a speed of 70km/h so I was going to exit at St. Umah. As I slow down to stop, suddenly I heard a bang behind my car. I was a little shocked when I realised my car got hit by a lorry from the behind.

VER B: Ramasamy Vasudhasan
G 722 2216 X

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

Remarks: Please forward a copy of my efile accident report to:

My workshop :
Email address :
& 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.

DECLARATION

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

Policyholder's Signature
Date & Time:

6/9/2021
0605

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

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

