

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	01/11/2021 16:57 (SGT)
Date of Accident	26/10/2021 11:35 (SGT)
Exact Location of Accident	Kaki Bukit Rd 5, Singapore
Additional Location Information	TRAFFIC JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8637G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Company Reg No	201814915N
Email Address	NEOAUTOLEASING@GMAIL.COM
Mobile Phone No	(Phone) +65-88588862
Alternative Phone No	+65-88580162

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	P2453138
Cover Note Number	-

DRIVER

Name of Driver	PUN GEOK JIT
NRIC No	S1374066F

Date Of Birth	13/09/1959
Occupation	Outdoor
Date Of Driving Pass	14/04/1977
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97828078
Alt. Phone Number	-
Email Address	GEORGE PUNGEOKJIT@GMAIL.COM
Address	BLK 536 BEDOK NORTH 3 #09-888
Address complement	-
Postcode	460536
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SMITH
Gender	Male

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

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SJV9893X
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-

Category
Driver
Number
is complement
code
Insurance Com
ature Of D
Details of
No. Of

Category	Private car
Driver	-
Plate Number	-
Business	-
Business complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SMITH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG8637G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	PUN GEOK JIT
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG8637G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstances of the Accident

I was at the traffic junction along kaki bukit Road 5. Towards bedok north Rd. I was stationary as it was red light. Suddenly I felt an impact from the back of my vehicle. Vehicle B SJV4893X hit me at the back of my vehicle. There was a passenger in my car. he complain unwell after accident and I felt a sharp pain on my neck.

Declaration

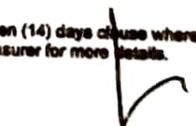
We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time




Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel