

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 07/12/2021 15:07 (SGT)
Date of Accident 07/12/2021 11:05 (SGT)
Exact Location of Accident Balestier Rd, Singapore
Additional Location Information BALESTIER RD TWDS CTE/THOMSON RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN5543B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CYCLEHERE
Company Reg No 5XXXX723K
Email Address WEILERN80@GMAIL.COM
Mobile Phone No (Phone) +65-94576207
Alternative Phone No +65-94576207

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Ae ioniq
Variant AE IONIQ HEV 1.6 DCT SR
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 hire
Transmission Auto
CC 1580

INSURANCE COMPANY

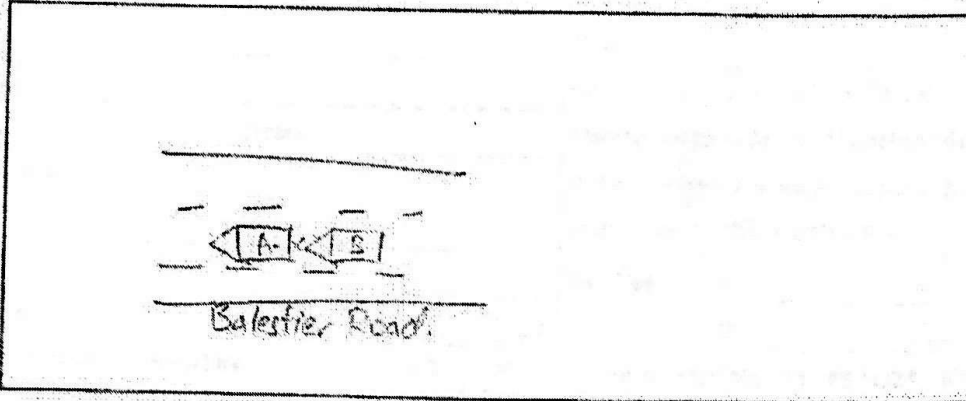
Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P1941966
Cover Note Number 09/05/2021 - 08/05/2022

DRIVER

Name of Driver FOONG WEI LERN
NRIC No SXXXX577D

Date of accident: 7/12/21 Time: 11:25 am Location: Balestier Road towards CTE/Thomson Road
 My Vehicle A: SLN 5743 B Vehicle B: GSN 7702 U Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In front vehicle stopped so I slow down and stopped. Vehicle B did not notice that I have stopped and rear ended my car.

I'm working for CTE here, driving the vehicle for private use during the time of accident.

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

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

My workshop: Guan Ah Motor Workshop

Email address: guanahmotor@yahoo.com

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your 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: [Signature]
 Date & Time: _____



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

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