

## 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	13/01/2022 18:09 (SGT)
Date of Accident	12/01/2022 17:40 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	MACPHERSON ROAD TOWARDS CTE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJF7530R

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KUN CHUNG
NRIC No	SXXXX634C
Email Address	ALVIN_LEE81@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94358781
Alternative Phone No	(Home) +65-94358781

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	0

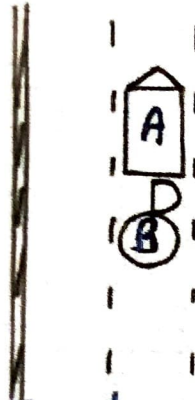
#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA355953/1
Cover Note Number	-

#### DRIVER

Name of Driver	LEE KUN CHUNG
NRIC No	SXXXX634C

SKETCH PLAN



Macpherson Road  
Towards CTE

A-SJF753DR

B-FBM7206K

Date 12/01/2022

Time 1740

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was driving Macpherson Road towards CTE.

As there was stationary vehicle in front, I followed to slow down and stopped.

Suddenly I felt an impact from the rear. It was a motor cycle that collided directly onto my rear.

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

MAG