

# 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 .....	08/02/2022 14:49 (SGT)
Date of Accident .....	07/02/2022 19:33 (SGT)
Exact Location of Accident .....	Sims Ave E, Singapore
Additional Location Information .....	SIMS AVENUE EAST
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMZ6108T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEE CHEE KIONG
NRIC No .....	SXXXX632E
Email Address .....	francis@leepatseng.com
Mobile Phone No .....	(Phone) +65-96614553
Alternative Phone No .....	(Home) +65-96614553

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Slk200
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1796

### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	GA576397/1
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM SOR SAN
NRIC No .....	SXXXX066G

Date Of Birth	15/09/1965
Occupation	Indoor
Date Of Driving Pass	10/07/1989
Driving experience	32 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96614853
Alt. Phone Number	-
Email Address	lmsorsan@msn.com
Address	41 JALAN BANGSAWAN
Address complement	-
Postcode	457815
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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

#### 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

I was travelling along Sims Avenue East on the right most lane at about 7:33 pm on 7 February 2022. As it was dark and on an upward hill along a bend, all of a sudden lorry GBC7735C was protruding out on my lane. It was not possible to stop in time and the rear of the lorry collided with my car.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TOO BIG
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC7735C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOH DE WEI

Contact Number .....	(Phone) +65-87192858
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKM156K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MADAM OOI
Contact Number .....	(Phone) +65-97575343
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	PETER LOW
Phone .....	(Phone) +65-90622768
Email .....	-

A - Smz 6108 J

B - GBC 7735 C


C - SKM 156 K

**Describe Circumstances of the Accident**

I was travelling along Sims Avenue East on the right most lane at about 7:33 pm on 7 February 2022. As it was dark and on an upward hill along a bend, all of a sudden lorry GBC7735C was protruding out on my lane. It was not possible to stop in time and the rear of the lorry collided with my car.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel