

# 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 ..... 23/02/2022 13:33 (SGT)  
Date of Accident ..... 22/02/2022 16:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... YISHUN RING ROAD TWDS YISHUN AVE 11  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG2712L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... RAJENDRAN S/O RAJOO  
NRIC No ..... SXXXX816E  
Email Address ..... larendran@gmail.com  
Mobile Phone No ..... (Phone) +65-97526809  
Alternative Phone No ..... +65-97526809

### VEHICLE PARTICULARS

Manufacturer ..... Skoda  
Model ..... Karoq  
Variant ..... KAROQ STY TS110/1.5A7F  
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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... P2347839  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RAJENDRAN S/O RAJOO  
NRIC No ..... SXXXX816E

Date Of Birth .....	09/07/1969
Occupation .....	Indoor
Date Of Driving Pass .....	06/06/1990
Driving experience .....	31 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97526809
Alt. Phone Number .....	+65-97526809
Email Address .....	larendran@gmail.com
Address .....	BLK 156 RIVERVALE CRESCENT
Address complement .....	#11-154
Postcode .....	540156
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	RAJESWARI
Gender .....	Female

#### 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 SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMD3391B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	YEO HOCK MENG
NRIC No .....	SXXXX221J
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



**Describe Circumstances of the Accident**

On 22 Feb 2022 at about 1615hrs, I Rajadram Rajoo was driving vehicle SL62712L, was at the zebra crossing along Yishun Ring Rd and stopped to allow pedestrian to complete crossing when vehicle SMD 3391 B collided into the rear of SL62712L.

The weather was dry and visibility was clear.

**Declaration**

We declare the foregoing particulars are true in every respect.

9.7 23/2/22

Policyholder's Signature / Date & Time

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

Chris

Witnessed by Reporting Centre Personnel





















