

 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 06/04/2022 17:10 (SGT)
Date of Accident 04/04/2022 10:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS CHANGI NEAR TOA PAYOH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9681U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITITRANS BUS TRANSIT PTE LTD
Company Reg No 2XXXXX000G
Email Address IVY@CITITRANS.COM.SG
Mobile Phone No (Phone) +65-96405917
Alternative Phone No (Home) +65-96405917

VEHICLE PARTICULARS

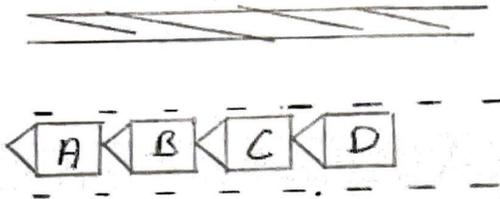
Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Bus
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD21V13057/VBS/R00
Cover Note Number -

DRIVER

Name of Driver NEO SIM BOCK
NRIC No SXXXX697Z



A- PC9681U
 B- GBJ7684D
 C- GBC8012M
 D- GBE4438U
 Date 04/04/2022
 Time 1045

P1E Towards Chongji
 Near Ton Payoh

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was driving along P1E towards Chongji near Ton Payoh on Lane 2. As I drove, the front vehicle slowed and stopped so I followed. Suddenly I felt an impact from the rear. I checked, it was vehicle B that collided onto my rear. Total of 4 vehicles involved in the accident.

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)
 Date & Time:

MACF
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: