# **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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 4. The issue and acceptance 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 20/10/2022 16:06 (SGT) Reported by Driver Date of Accident 19/10/2022 07:49 (SGT) Exact Location of Accident Jurong East, Singapore Additional Location Information PICK UP POINT Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number PC4332K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AEDGE HOLDINGS PTE. LTD. Company Reg No 2XXXXX323E Email Address william@aedge.com.sg Mobile Phone No (Phone) +65-91460806 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Yutong Model Zk6107h 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

No - Claiming third party your vehicle? Vehicle Category Bus Transmission Auto CC 6690

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNA00009062203

DRIVER

Name of Driver TAN KUM CHEONG NRIC No SXXXX944B Date Of Birth 25/07/1961 Occupation Outdoor

Date Of Driving Pass 11/04/1983 Driving experience 39 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-81020996 Alt. Phone Number Email Address william@aedge.com.sg Address BLK 40 CHOA CHU KANG STREET 64 #04-11 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 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) 31 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender Male PASSENGER 2 Name UNKNOWN Gender Male PASSENGER 3 Name **UNKNOWN** Gender Male PASSENGER 4 Name **UNKNOWN** Gender Female PASSENGER 5 Name **UNKNOWN** Gender **Female** PASSENGER 6 UNKNOWN Gender Female PASSENGER 7 UNKNOWN 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

## PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	PA6557B - -
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCHELAN

#### IMPORTANT NOTICE

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- 3. Meanutempowed must be as journal and account as passible. Any meutempowers concerned must be impossible to a passible and account of the a
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Sketch Plan

B) Pau Boek

Jurong East

Pickup point

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