

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 Report	29/10/2020 08:22
Date Of Accident	28/10/2020 07:15
Exact Location Of Accident	X-JUNCTION OF SPRINGDALE PRIMARY SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5332C
Insured/Policyholder	
Name Of Registered Owner	NUR AISAH BINTE ABDUL HAMID
NRIC No	SXXXX373C
Email Address	AISAHABDULHAMID@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97793345
Alternative Phone No	OTHERS-97793345

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA156987/1
Cover Note Number	

Driver

Name of Driver	NUR AISAH BINTE ABDUL HAMID
NRIC No	SXXXX373C
Date Of Birth	21/06/1979
Occupation	INDOOR
Date Of Driving Pass	11/10/2000
Driving Experience	20 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97793345
Fax Number	
Contact Number	OTHERS-97793345
Email Address	AISAHABDULHAMID@GMAIL.COM

Address 288A FERNVALE DRIVE #05-223
Postcode 791430

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -
-

Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions CLOUDY
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (Including own vehicle) involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 3

Passenger 1 NAME: : FATHIMA BINTE FAIZAL
GENDER: : FEMALE

Passenger 2 NAME: : NUR HIDAYAH BINTE FAIZAL
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NPC

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT COLLISION-HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJH293Y
Vehicle Make/Model/Colour HONDA STREAM 1.8X A/BROWN
Details Of Properties
Vehicle Category PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name **FATHIMA BINTE FAIZAL**
Approximate Age
Injuries Sustain **RADIAL FRACTURE (WRIST)**
Injured person in which vehicle? **SLG5332C**
Were seat belts worn? **YES**
Was this injured conveyed to hospital by ambulance? **YES**
Address
Postcode

DETAILS OF INJURED PERSON 2

Name **NUR HIDAYAH BINTE FAIZAL**
Approximate Age
Injuries Sustain **WHIPLASH**
Injured person in which vehicle? **SLG5332C**
Were seat belts worn? **YES**
Was this injured conveyed to hospital by ambulance? **NO**
Address
Postcode

DETAILS OF INJURED PERSON 3

Name **NUR AISAH BINTE ABDUL HAMID**
Approximate Age
Injuries Sustain **WHIPLASH**
Injured person in which vehicle? **SLG5332C**
Were seat belts worn? **YES**
Was this injured conveyed to hospital by ambulance? **NO**
Address
Postcode