

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 ability
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 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	03/03/2015 16:27
Date Of Accident	02/03/2015 19:00
Exact Location Of Accident	UPPER THOMSON ROAD JUNCTION OF JALAN TODAK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF7423S
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Insured/Policyholder

Name Of Registered Owner	TAN CHEE BENG TONY
NRIC No	S1378404C
Email Address	TONY_TAN_NYP@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97729755
Alternative Phone No	Home-63543895

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	FETCH FRIENDS
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
If No, Please state action to be taken	
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P0665451
Cover Note Number	

Driver

Name of Driver	KELVIN TAN WEI MING
NRIC No	S9305923I
Date Of Birth	01/02/1993
Occupation	Indoor
Date Of Driving Pass	12/08/2014
Driving Experience	0 Year And 6 Month
Gender	Male
Mobile Number	(Local) +65-96322105
Fax Number	
Contact Number	Home-63543895
EEmail Address	NOEMAIL

Address	BLK 48 LORONG 5 TOA PAYOH #15-105
Postcode	310048
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Children
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	Unknown - OTHER PARTY CAR RIGHT FRONT HIT MY CAR LEFT FRONT
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED REPORT. LATER REVERT TO THIRD PARTY CLAIM

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY1169R
Vehicle Make/Model/Colour	JAGUAR / X TYPE / GREYISH
Details Of Properties	
Name of Driver	TAN KIM HUA
NRIC/Passport Number	S7028398J
Contact Number	
Address	14 SERAYA CRESCENT 575828
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

Vehicle No SJF 74238**SKETCH PLAN**

Annex D

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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

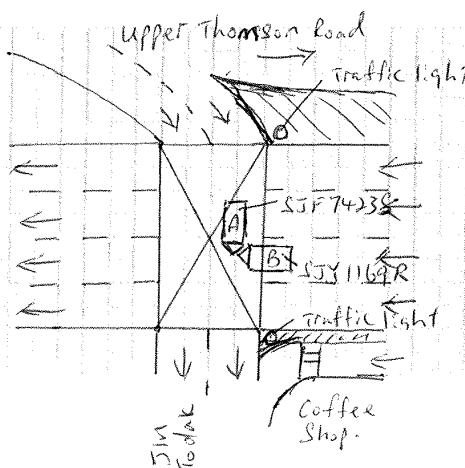
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

[Signature] 03/03/15 1500 hrs
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

Please continue to Annex E

Vehicle No SJF 7423S

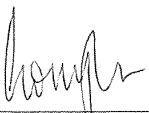
Annex E

Describe Circumstances of the Accident

On 02/03/15 at 1900 hrs, I was driving along upper Thomson Road at the junction of Jalan Tasek. I was turning into Jalan Tasek with the green arrow light to my favour and there was another car in front of me as well. In the middle of the yellow box as I was making the turn, vehicle BCSJY1169R2 came from my left and the car's right front hit my car's left front.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



03/03/15 1500 hrs

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



Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo

