

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
11/3/16	0745	SLE towards BKE

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	SJF 4440L	
Name of Policyholder	Ang Tin King	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S1472299H	
Address		
Contact Number	Tel:	Hp:
Occupation		

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	Honda Odyssey	
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: _____	
Exact Purpose for which vehicle was being used at the time of accident.	Private Use	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle category	<input checked="" type="radio"/> Private	<input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	VPA / P0664224 AXA	
Type of Policy	<input checked="" type="radio"/> Comprehensive	<input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Policy Number		

DRIVER

Name of Driver	Ang Tin King	
NRIC/ FIN/ Passport	S1472299H	
Date of Birth	26-6-1961	
Occupation	Logistic Manager	
Driving Pass Date		
Gender	<input checked="" type="radio"/> Male	<input type="radio"/> Female
Contact Number	Tel:	Hp: 96859220
Address		
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.		
No. of Passenger in vehicle (including Driver)	(including Driver) 0	
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)	Chain Collision		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others: _____
Road Surface	<input type="radio"/> Wet	<input checked="" type="radio"/> Dry	<input type="radio"/> Others: _____

OTHER INFORMATION

Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Was there any camera video footage (in car)?	<input type="radio"/> No	<input checked="" type="radio"/> Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, against whom?		

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (B) (C) (D)

Other Vehicle or Property 1 (VEHICLE B)		
Vehicle Registration Number	SGX 5194G	SKV 4629P SKK 5948U
Vehicle Make/ Model/ Colour		Honda City TIAIIS
Details of Properties (If Other Party is not a Vehicle)		
Damage Area		
Name of Driver		
NRIC/ FIN/ Passport		
Contact Number / Email Address		
Address		
Name of Insurance Company		
Other Vehicle or Property 2		
Vehicle Registration Number		
Vehicle Make/ Model/ Colour		
Details of Properties (If Other Party is not a Vehicle)		
Damage Area		
Name of Driver		
NRIC/ FIN/ Passport		
Contact Number / Email Address		
Address		
Name of Insurance Company		
DETAILS OF WITNESS		
Name		
Phone / Email Address		
Address		
NRIC/ FIN/ Passport		
DETAILS OF INJURED PERSON 1		
Name		
NRIC/ FIN/ Passport		
Address		
Approximate Age		
Injuries Sustained		
If Vehicle Occupants, state in which vehicle?		
Were Seat Belts Worn?	<input type="radio"/> Yes	<input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes	<input type="radio"/> No
DETAILS OF INJURED PERSON 2		
Name		
NRIC/ FIN/ Passport		
Address		
Approximate Age		
Injuries Sustained		
If Vehicle Occupants, state in which vehicle?		
Were Seat Belts Worn?	<input type="radio"/> Yes	<input type="radio"/> No
Was injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes	<input type="radio"/> No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

SKETCH PLAN

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. The 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.
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

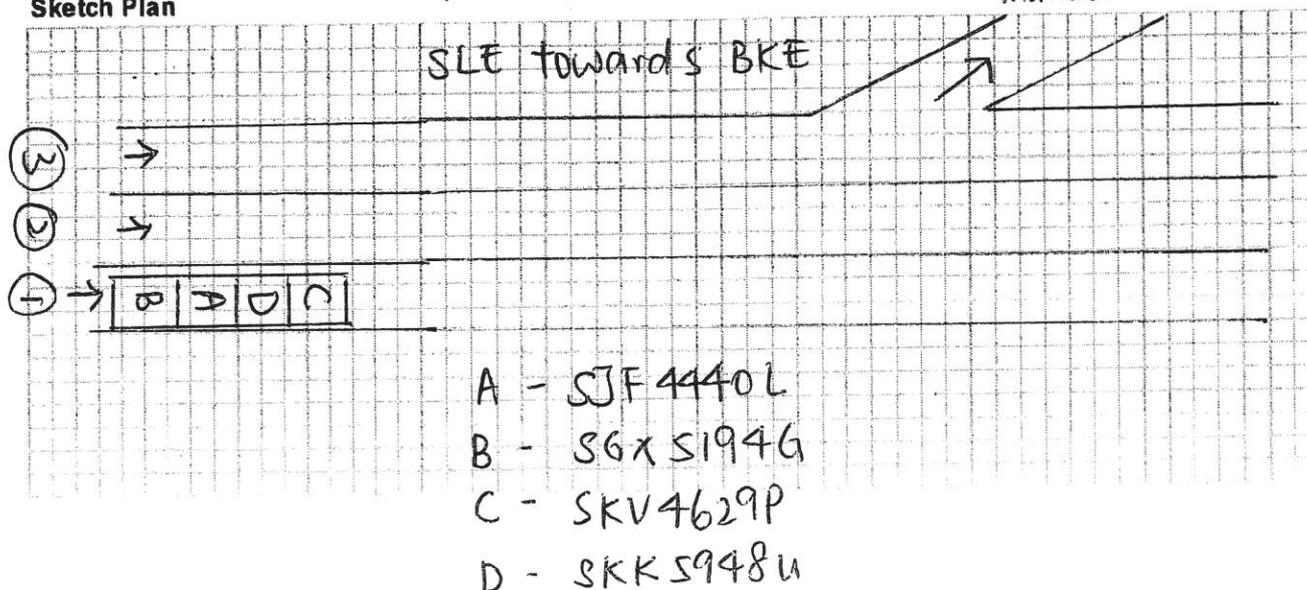
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along SLE towards BKE before Mandai Road exit on lane 1. Due to the heavy traffic, front vehicle stopped, I follow suit (Stationary). Suddenly the vehicle B hit my vehicle rear portion. And due to the strong impact caused my vehicle to hit front vehicle D. When I step down from my vehicle I realised is total 4 vehicles involved in the accident.

Declaration

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

Witnessed by Reporting Centre Personnel