

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	11/03/2016 14:43
Date Of Accident	11/03/2016 07:45
Exact Location Of Accident	SLE TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4440L
Insured/Policyholder	
Name Of Registered Owner	ANG TIN KING
NRIC No	S1472299H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96859220
Alternative Phone No	Office-96859220

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P0664224
Cover Note Number	

Driver

Name of Driver	ANG TIN KING
NRIC No	S1472299H
Date Of Birth	26/06/1961
Occupation	Indoor
Date Of Driving Pass	13/10/1980
Driving Experience	35 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-96859220
Fax Number	
Contact Number	Office-96859220
EEmail Address	NOEMAIL

Address
Postcode
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- Chain Collision
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? Yes
Number of Passengers (Including Driver) 2

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 STATEMENT

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGX5194G
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKV4629P
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKK5948U
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Sketch Plan

SKETCH PLAN

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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' law yers/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' law yers/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/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

Manda Exit

SLE towards BKE

② →

③ →

① →

① ② ③ ④

A - SJF 4440L

B - SGX 5194G

C - SKV 4629P

D - SKK 5948U

Sketch Plan #2

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