

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	04/05/2016 16:31
Date Of Accident	04/05/2016 14:30
Exact Location Of Accident	JURONG WEST ST 64
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX8226D
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Insured/Policyholder

Name Of Registered Owner	ONG KANG GUAN
NRIC No	S8200846B
Email Address	REDGUANRED@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92292006
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	GA060156/1
Cover Note Number	

Driver

Name of Driver	ONG KANG GUAN
NRIC No	S8200846B
Date Of Birth	05/01/1982
Occupation	Indoor
Date Of Driving Pass	09/06/2007
Driving Experience	8 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-92292006
Fax Number	
Contact Number	Office-NOPHONE
EEmail Address	REDGUANRED@YAHOO.COM.SG

Address	BLK 627 JURONG WEST ST 65 #04-380
Postcode	640627
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	Unknown - REFER TO SKETCH PLAN
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

ON 04/05/2016 AT 1430HRS. I WAS TRAVELLING ALONG JURONG WEST ST 64 TO ENTER JURONG POINT CARPARK. I DROVE AT 2ND LANE AS THE EXTREME LEFT LANE WAS JAMMED BY DELIVERY VEHICLE TO ENTER LOADING/UNLOADING BAY. WHILE I GOING TO DROVE IN THE ENTRANCE, SUDDENLY VEHICLE B FROMT EXTREME LANE FILTER OUT AND HIT ONTO MY VEHICLE LEFT SIDE PORTION. NO ONE WAS INJURE. THAT'S ALL

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

Vehicle Registration Number	SJF1720Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MRS LIM GUAT CHENG
NRIC/Passport Number	
Contact Number	97642188
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness



Name	
Phone Number	
Email Address	

SKETCH PLAN

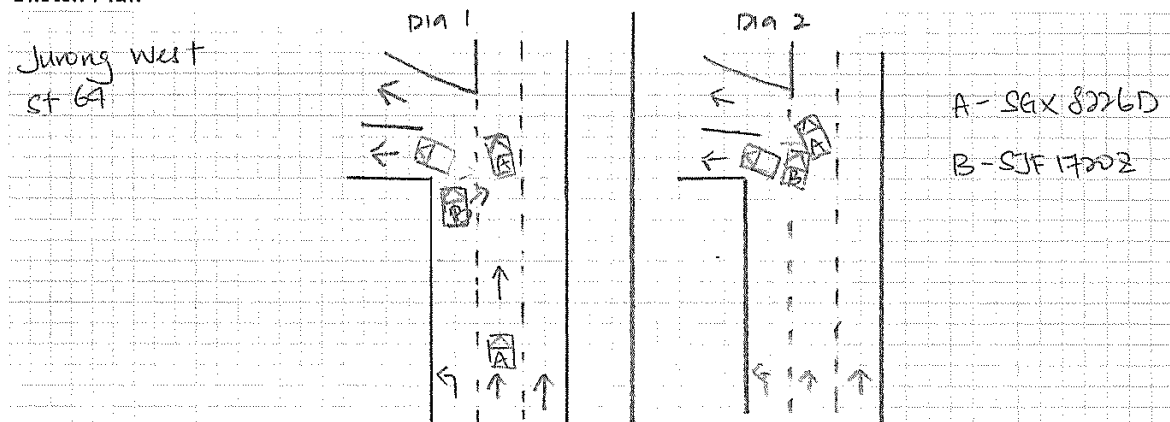
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA) I understand, 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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

 4 May 16 1700H
 Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time  Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg.2

Describe Circumstances of the Accident

On 04/05/2016 at 1430hrs. I was travelling along Jurong West St 64 to enter Jurong Point carpark. I drove at 2nd lane as the extreme left lane was jammed by delivery vehicle to enter loading / unloading Bay. While I going to drive in the entrance, suddenly vehicle B from extreme left lane filter out and hit onto my vehicle left SIDE portion. No one was injured. That's all.

Declaration

I/We declare the foregoing particulars are true in every respect.

☐ Claim own policy
☒ Claim third party
☐ Claim OD / TP at other workshop _____
☐ For record purpose

Policy No. GA060156/1
Insurer AXA Veh. No. GGX 85260

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

