

## 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	27/08/2016 15:18
Date Of Accident	26/08/2016 08:40
Exact Location Of Accident	YIO CHU KANG ROAD JUNCTION SERANGOON GARDEN WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS645X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROY LOH CHYE KWEE
NRIC No	S7322478J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98441759
Alternative Phone No	Office-98441759

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	GA045343
Cover Note Number	

### Driver

Name of Driver	THAI LEE YIN
NRIC No	S7978685C
Date Of Birth	30/11/1979
Occupation	Indoor
Date Of Driving Pass	26/12/2008
Driving Experience	7 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-91994481
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company No  
 If No, Relationship of the Driver with the Insured Spouse  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident Unknown - HEAD TO HEAD  
 Weather Conditions Raining  
 Road Surface Wet

**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) 1

**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**

REFER TO STATEMENT

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHD3942X  
 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

## Accident Sketch Plan

### SKETCH PLAN

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- B. 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.

<p><i>Long</i> 26/8/16 14:20</p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><i>Jung</i></p> <p>Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p><b>Sketch Plan</b></p>		
<p>A - SJS 645X B - SHD 3942X</p>		

*Serangoon Nth Ave 1*

Individual Statement

Describe Circumstances of the Accident

I was travelling along Yio Chu Kang Road towards Serangoon North Ave 1 before Junction of Serangoon Garden Way on lane 3. Green light was in my favor. Suddenly the vehicle B from opposite direction turning into Serangoon Garden Way without stop and give way and hit onto my vehicle front portion. The whole accident was recorded by my car camera. I felt back and neck pain.

Declaration

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

*Raymond* 26/11/16  
Policyholder's Signature / Date & Time  
14:30

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

Witnessed by Reporting Centre Personnel