

## 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	23/10/2017 14:31
Date Of Accident	23/10/2017 14:20
Exact Location Of Accident	BRINCHANG & BISHAN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR3133P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG KAY YONG ALVIN
NRIC No	S1817051E
Email Address	KAVINONG99@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91055300
Alternative Phone No	OFFICE-91055300

### Vehicle Particulars

Manufacturer	BMW
Model	GS1200
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AN3158751
Cover Note Number	

### Driver

Name of Driver	ONG KAY YONG ALVIN
NRIC No	S1817051E
Date Of Birth	26/10/1967
Occupation	INDOOR
Date Of Driving Pass	20/03/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91055300
Fax Number	
Contact Number	OFFICE-91055300
Email Address	KAVINONG99@YAHOO.COM

Address	BLK 148 GANGSA ROAD #07-289
Postcode	670148
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 - HEAD TO REAR
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4089C
Vehicle Make/Model/Colour	TAXI HYUNDAI
Details Of Properties	
Name of Driver	NG KIM HANG
NRIC/Passport Number	S1777277E
Contact Number	94379204
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

23/10/17 2:25pm

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

23/10/17 2:25pm

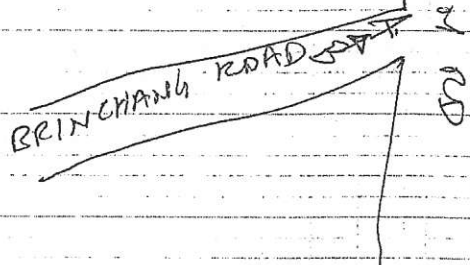
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

A: MY MOTORBIKE

B: TAXI




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


AT 8.55AM ON 23/10 I WAS TRAVELLING ALONG BRINCHANG ROAD TOWARD BISHAM ROAD. I WAS AT A COMPLETE STOP BEFORE TURNING LEFT ONTO BISHAM RD. A BLUE TAXI SHD 4089C WAS ON THE RIGHT LANE ON BRINCHANG, MOVED FORWARD TO THE LEFT LANE AND HIT ONTO MY RIGHT SIDE PANNIER. MY MOTORBIKE AND ME FELL TO THE LEFT OF THE KERB.

DECLARATION


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

  
Policyholder's Signature  
Date & Time:

23/10/17 2:30pm

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

23/10/17 2:30pm

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: