

## 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	15/11/2017 16:56
Date Of Accident	14/11/2017 15:00
Exact Location Of Accident	TAMPINES MALL PICK UP/DROP OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9799X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH HWEE TIANG
NRIC No	S0087280F
Email Address	JANETOH74@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91455393
Alternative Phone No	OFFICE-91455393

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA COROLLA ALTIS 1.6L CVT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1920898
Cover Note Number	15/05/2017-14/05/2019

### Driver

Name of Driver	TOH HWEE TIANG
NRIC No	S0087280F
Date Of Birth	22/05/1950
Occupation	INDOOR
Date Of Driving Pass	16/07/1979
Driving Experience	38 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91455393
Fax Number	
Contact Number	OFFICE-91455393
EEmail Address	JANETOH74@GMAIL.COM



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 COLLIDED INTO PARKED VEHICLE

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

I have been approached by unknown person(s) soliciting/offering accident claims assistance. 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

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9158D

Vehicle Make/Model/Colour RENAULT

Details Of Properties

Name of Driver TOH CHIEW YAN

NRIC/Passport Number S7305711F

Contact Number 98998548

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:

15/11/17 4.25pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

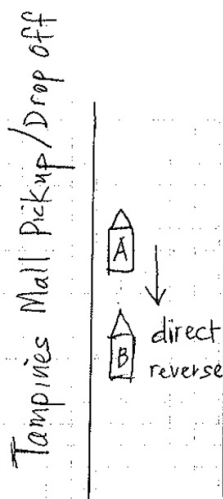
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Location : TAMPINES MALL

- 1) On 14/11/2017 afternoon around 3pm I was on my way to consult a doctor. I dropped my two passengers off from my car (SKM9799X) at Tampines Mall pick up / drop off point.
- 2) It was raining at that time & since there were taxis in front of my car, I had to reverse & drive out to give way to other taxis bent behind me.
- 3) A red taxi suddenly appeared behind me & I accidentally hit the front of this taxi (SHD 9158D)
- 4) After checking: my car's bumper was unscathed. As for the red taxi, there was no damage - in original condition.
- 5) The taxi driver spoke to the taxi company & they insisted that I have to write the below statement:  
 I, TOH HWEI TIANG NRIC S0087280F & SKM9799X had reversing and hit the front of Taxi SHD9158D on 14 Nov 2017 @ Tampines Mall.  
 My HP : 91455393
- 6) The reason I write this report is I was not well & it is my first time encountering such a situation. I complied to them.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

15/11/17 4:25 pm

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**AXA FORM**

Date: 15/11/17

To: Owner of Vehicle Number: SKM9799X

The following has been advised to you via your workshop, \_\_\_\_\_ through their staff, Eshaleh.

Please tick the applicable box if you had been advice on the content as seen below:

- (✓) You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- (✓) You had been advised by the workshop on the liability and merits of the case accordingly.
- (✓) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- (X) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- (X) There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- (X) The estimated waiting time for the spare parts to arrive is \_\_\_\_\_, The estimated arrival time does not include the repair period.
- (X) You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- (X) For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- (X) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- (X) For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

(c) Others Not Reported

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



Accident Photo





Accident Photo





Accident Photo





Accident Photo





**Accident Photo**





I, TOH HUEE TIANG NRIC 50087280F  
& SKM9799X had reversing and hit the  
front of Taxi SHD 9158D on 14 Nov 2017  
@ Tampine Mall.

My HP : 91455393



Accident Photo





Accident Photo





Accident Photo





Accident Photo

