

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	13/12/2017 12:23
Date Of Accident	12/12/2017 19:25
Exact Location Of Accident	CORPORATION RD TWDS BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2656K
Insured/Policyholder	
Name Of Registered Owner	JIT KEONG TRADING CO
Co Reg No	30033000J
Email Address	RENTAL@JITKEONG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68634186

Vehicle Particulars

Manufacturer	OPEL
Model	CORSA COMBO C-1.7 D (M)
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P0349446
Cover Note Number	

Driver

Name of Driver	YEOH VICTOR
NRIC No	S9010696A
Date Of Birth	26/03/1990
Occupation	INDOOR
Date Of Driving Pass	18/02/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91725512
Fax Number	
Contact Number	
EMail Address	VICTOR@JITKEONG.COM.SG

Address	6 CORPORATION RISE
Postcode	618320
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	DRIZZLING
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)	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 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	SHC7852B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHOONG WING ONN
NRIC/Passport Number	S2176967C
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

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 liability.
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. The report will be forwarded by 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.
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 AWARE 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 INFORMATION.



Policyholder's Signature / Date & Time

M. J. J.

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

Jaw

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Attachment

Describe Circumstances of the Accident


On 12/12/2017 @ around 19:25hrs I was driving my vehicle GX2656K along Corporation Road towards Bourn Lay Way. Upon reaching the junction, the traffic light was red, so I stopped my vehicle and came to a complete stop. Suddenly, Vehicle B SHC 7852B collided into my rear portion. Both vehicle sustained damages.


Declaration

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

<input type="checkbox"/> Claim own policy	
<input type="checkbox"/> Claim third party	
<input checked="" type="checkbox"/> Claim OD / IP at other workshop	Jit Keay
<input type="checkbox"/> For record purpose only	
Policy No _____	
Insurer _____	Veh No. _____


Policyholder's Signature / Date & Time

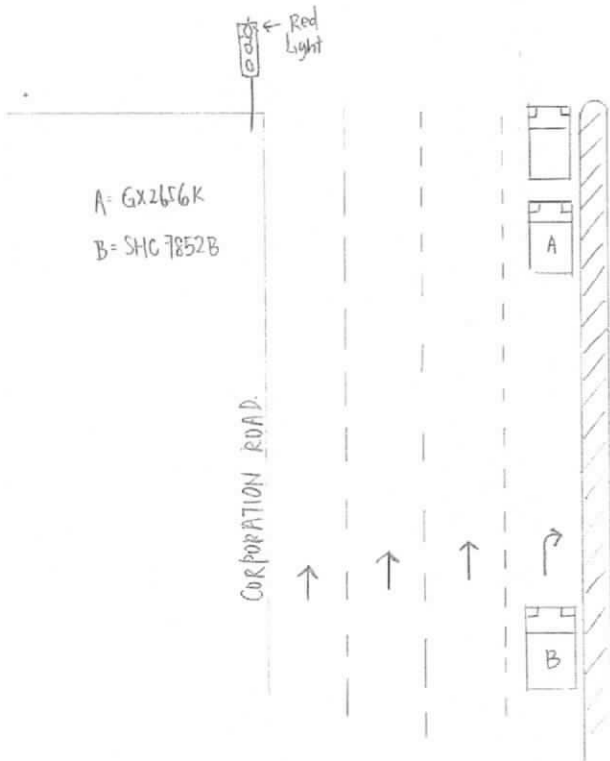

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 3

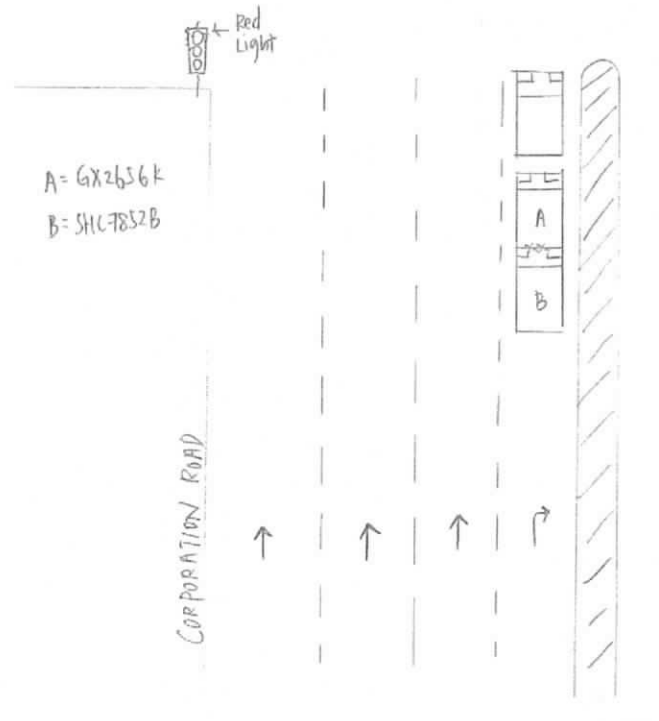
BEFORE

BOON LAY WAY



AFTER

BOON LAY WAY



Accident Photo



Accident Photo



Accident Photo



Accident Photo



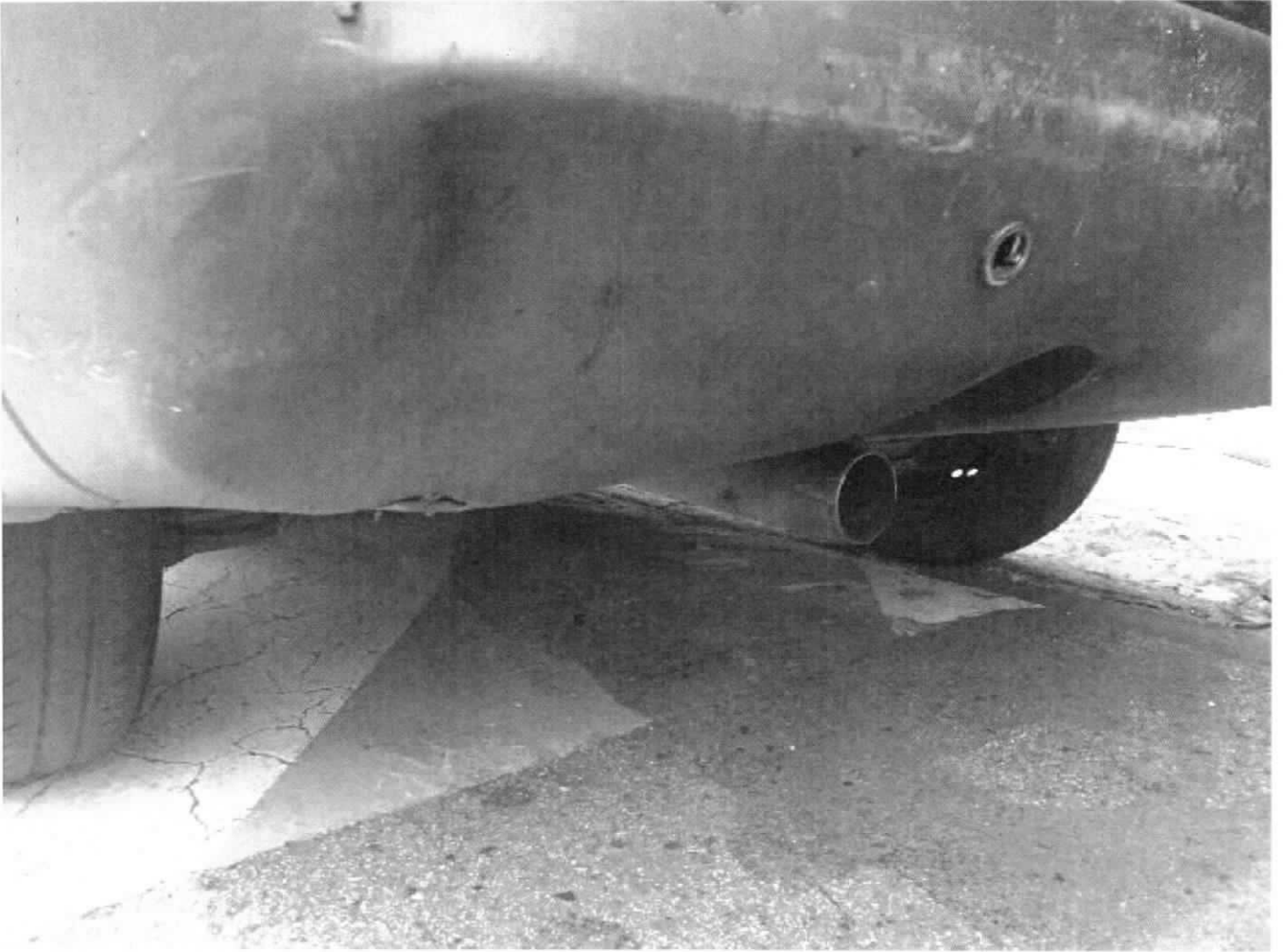
Accident Photo



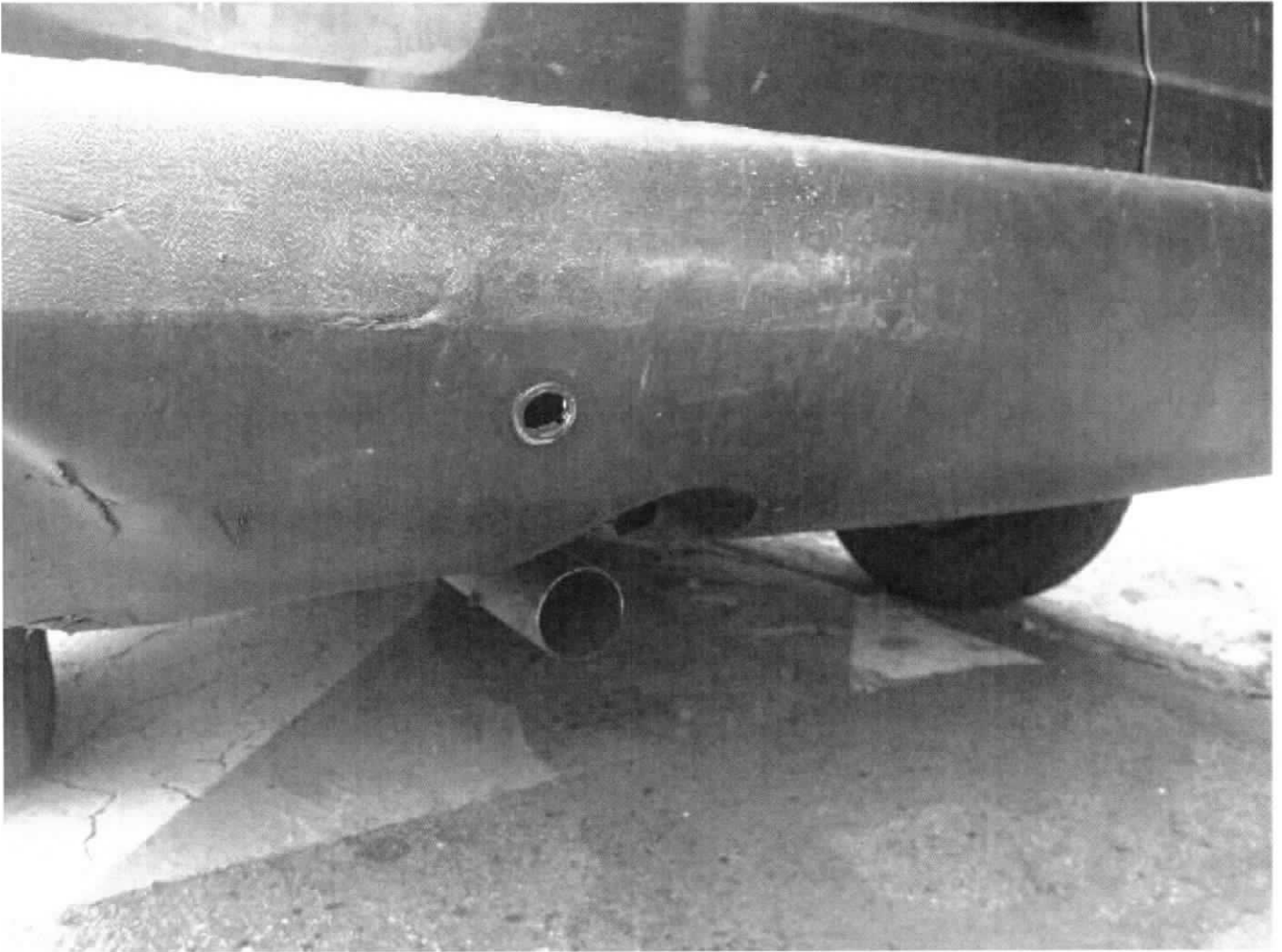
Accident Photo



Accident Photo



Accident Photo



Accident Photo

