

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	03/01/2018 15:48
Date Of Accident	02/01/2018 20:55
Exact Location Of Accident	PIE BEF STEVEN ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5923Z
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	199400399N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67341222

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPX/P1917785
Cover Note Number	

Driver

Name of Driver	CHIA WEE KHIAN
NRIC No	S8113929F
Date Of Birth	15/05/1981
Occupation	INDOOR
Date Of Driving Pass	12/08/2002
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91251578
Fax Number	
Contact Number	
Email Address	WEEKHIAN81@HOTMAIL.COM

Address	BLK 488D CHOA CHU KANG AVENUE 5 #08-169
Postcode	684488
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

ON 2 JAN 2018, AROUND 8:57 PM, TRAVELLING HOME (CHOA CHU KANG) FROM LAVENDER VIA PIE, DRIVING BEHIND A TAXI, VEHICLE NO: SHC628D, WHEN A HIGH BEAM FLASHES AND DISTRACTED MY VIEW AND THE VEHICLE I ACCIDENTALLY ACCELERATE FORWARD AND KNOCKED ONTO THE VEHICLE SHC628D. AS I WAS TRAVELLING ONTO THE FIRST LANE, I TOOK ANOTHER 200M TO FILTER TO THE LEFT ROAD SHOULDER AND TO CHECK ON THE CONDITIONS. SHC628D DRIVER, MR ONG CHEOW JUET, EXCHANGED DETAILS WITH HIS ADDRESS ONLY AND DISCUSS TO CLAIM UNDER INSURANCE. WITHOUT ANY FURTHER IMPLICATIONS, I DROVE OFF AFTER ALL DETAILS WERE RECORDED.

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	SHC628D
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG CHEOW JUET
NRIC/Passport Number	
Contact Number	
Address	BLK 204D COMPASSVALE ROAD #08-405
Postcode	544204
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.


ROSHNI OH (MR)
Department Manager
Total
Asia Pacific PTE. LTD
Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: LIM KEE SENG
NRIC/FIN No.: G16552569M

Sketch Plan #2

SKETCH PLAN

A: SLL 5783Z
B: STK 628D

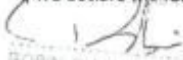


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 2nd Jan around 8.57pm, travelling home (Choa Chu Kang) from
Lawford via PIE, driving behind a taxi, vehicle no. STK 628D
when a high beam flashes over distracted my view ^{and the vehicle} and I accidentally
accelerate forward and knock ~~the~~ vehicle STK 628D.
I ~~there~~ as I was travelling on the left lane, I took another 200m
to filter to the ~~left~~ road shoulder ~~and~~ to check on the
condition. STK 628D driver, Mr Ong Chiew just exchange details
with his address only and discuss to claim under insurance.
Without any further implication, I drove off after all details were
recorded.

DECLARATION

We declare the foregoing particulars are true in every respect.


ROBIN OH (MR)

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Lim Kue Song
NRIC/FIN No.: G6852569m

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

