

## 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 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	15/01/2018 16:26
Date Of Accident	14/01/2018 15:25
Exact Location Of Accident	CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3672Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TONG TIAN ENG
NRIC No	S7072445F
Email Address	TONGTIANENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91880526
Alternative Phone No	OTHERS-63963939

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6
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?	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	GA234406/01
Cover Note Number	

### Driver

Name of Driver	TONG TIAN ENG
NRIC No	S7072445F
Date Of Birth	16/04/1970
Occupation	INDOOR
Date Of Driving Pass	13/05/1995
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91880526
Fax Number	
Contact Number	OTHERS-63963939
Email Address	TONGTIANENG@GMAIL.COM

Address	BLK 989D JURONG WEST STREET 93 #13-655
Postcode	644989
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	FAIR
Road Surface	DRY

#### Other Information

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

#### 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 SKETCH PLAN & STATEMENT

#### 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	SH8833T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO YONG SIONG
NRIC/Passport Number	S0044763C
Contact Number	81524275
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1



### SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and 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) involving 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' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

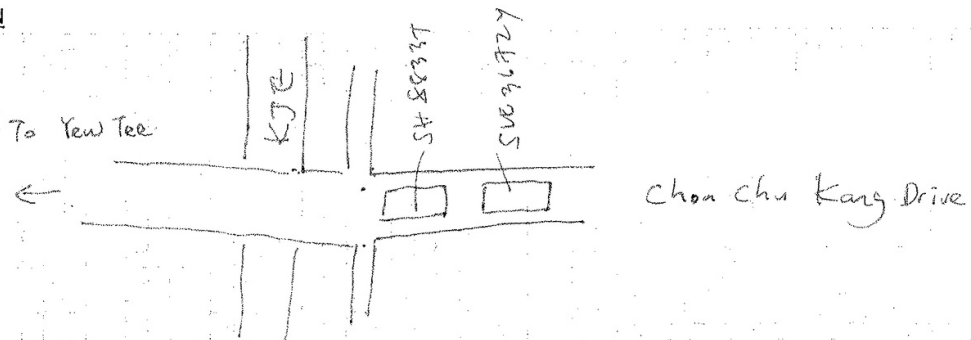
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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' lawyer/law firm, 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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policy holder) / Date & Time Witnessed by Reporting Centre Personnel

#### SKETCH PLAN





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14.01.2018, my wife Chue Soh Hoon (S7476771J) and I were driving from Choa Chu Kang Drive towards Yew Tee. As knowing was turn green and ~~left & right car of me start moving~~ there was already ~~few cars from my left and right start moving~~ and there was sufficient time for car start moving ~~but~~ unfortunately the taxi car still station there as from left side already 2 cars moving ahead the taxi car in front of me but unfortunately the taxi car did not move and I hit the rear of the taxi. The taxi driver and I went out of the car and checked the damages of the car. We found that there was no damages of the car and taxi driver ask for some compensation even though there was no damages. of \$100.  
I left and ask him to lodge a report. About 15 min later may be he though no damages and hard to claim he ask called me again for some money compensation. I agreed \$50.00 for him to wash car and he agreed to and met me at Choa Chu Kang St 62. After meeting with me he regret and insist \$100. He is physically fit and no injuries.

## Declaration

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

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policy holder) / Date & Time Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



**Accident Photo**



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS00206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : MTE 118007442 Vehicle Registration No: SLE 3672 Y  
Name (as shown in NRIC) : Tong Tian Eng NRIC/FIN/Passport No : S7072445 F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : B1K 989D Jurong West St 93, #13-655 Singapore (644989)  
Contact (Tel) : 91880526 Mobile No. : \_\_\_\_\_  
Email Address : tongtianeng@gmail.com  
Date of Accident : 14/11/2018 Time of Accident : 15:25  
Place of Accident : Choa Chu Kang Drive  
Insurance Company : ALG Asia Pacific Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend from Reporting Only to TP claim.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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



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Email Address : tongtianeng@gmail.com  
Date of Accident : 14/11/2018 Time of Accident : 15:25  
Place of Accident : Choa Chu Kang Drive  
Insurance Company : ALG Asia Pacific Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend from TP claim to Reporting Only

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

12  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



Addendum Sheet Pg. 1



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ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : ME118007442-02 Vehicle Registration No: SLE3672Y  
Name (as shown in NRIC) : Tong Tian Eng NRIC/FIN/Passport No : S7072445F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 989D Jurong West Street 93 #13-655 Singapore (644989)  
Contact (Tel) : 9188 0526 Mobile No. : 9188 0526  
Email Address : tongtianeng@gmail.com  
Date of Accident : 14.1.18 Time of Accident : 15.25  
Place of Accident : Choa Chu Kang Drive  
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend my insurance company to AXA. GA234406/1

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Mandy  
NRIC/FIN No.: G72643908P  
Date: 25.1.18

