

## 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	02/01/2018 10:45
Date Of Accident	01/01/2018 11:00
Exact Location Of Accident	ULU PANDAN/CLEMENTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC50X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JONG HEE SEN
NRIC No	S1388515Z
Email Address	JONGHS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81638808
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	GA238466
Cover Note Number	

### Driver

Name of Driver	JONG HEE SEN
NRIC No	S1388515Z
Date Of Birth	19/12/1959
Occupation	INDOOR
Date Of Driving Pass	17/07/1990
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81638808
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	JONGHS@GMAIL.COM

Address	4 MERINO CRESCENT, SHEPHERD'S HILL ESTATE.S(149152)
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	COLLISION - HEAD ON COLLISION
Weather Conditions	RAINING
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)	6
Passenger 1	NAME: : YEO SOON GEK GENDER: : FEMALE
Passenger 2	NAME: : LEE CHER LENG GENDER: : FEMALE
Passenger 3	NAME: : ZIN GENDER: : FEMALE
Passenger 4	NAME: : JEDD JONG GENDER: : MALE
Passenger 5	NAME: : TEDD JONG GENDER: : MALE

#### 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	SLS5955U
Vehicle Make/Model/Colour	BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN CHOON HOCK

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

VEHICLE NO: SJC 50X  
ACCIDENT DATE: 1/1/2018

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 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.

**NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.**

Policyholder's Signature  
Date & Time:

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

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

→ 

Construction at junction of Ulu Pandan Rd and Clementi Rd which blocked road traffic. Collided with car in front which didn't move our way road was clear.

OWN DAMAGE ( )      3RD PARTY CLAIM ( )      REPORTING ONLY ( )      ~~OWN WORKSHOP~~ ( )

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE


Identity Number: S1388515Z

JONG HEE SEN

Birth Date: 19 Dec 1959


Issue Date: 27 May 2003

000515291D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1388515Z



Name

JONG HEE SEN

杨喜星

Race

CHINESE

Date of birth

19-12-1959



Country/Place of birth

SINGAPORE

Sex

M

S1388515Z




17/12/1990

Class 2

17 Dec 1959

NP 438

Machine No. S1388515Z



5613819



NRIC No. S1388515Z



Date of issue

20-06-2016

Address

4 MERINO CRESCENT

SINGAPORE 149152



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

