

## 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 15:20
Date Of Accident	15/11/2017 09:30
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2786B
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#### Insured/Policyholder

Name Of Registered Owner	LIANG SUHUI JOYCE
NRIC No	S8308783H
Email Address	TOFFEE27@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91195715
Alternative Phone No	OFFICE-91195715

#### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)

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
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#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA246236
Cover Note Number	

#### Driver

Name of Driver	LIANG SUHUI JOYCE
NRIC No	S8308783H
Date Of Birth	27/03/1983
Occupation	INDOOR
Date Of Driving Pass	18/03/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91195715
Fax Number	
Contact Number	OFFICE-91195715
EEmail Address	TOFFEE27@HOTMAIL.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 SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

#### 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

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB1321C

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

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**

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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

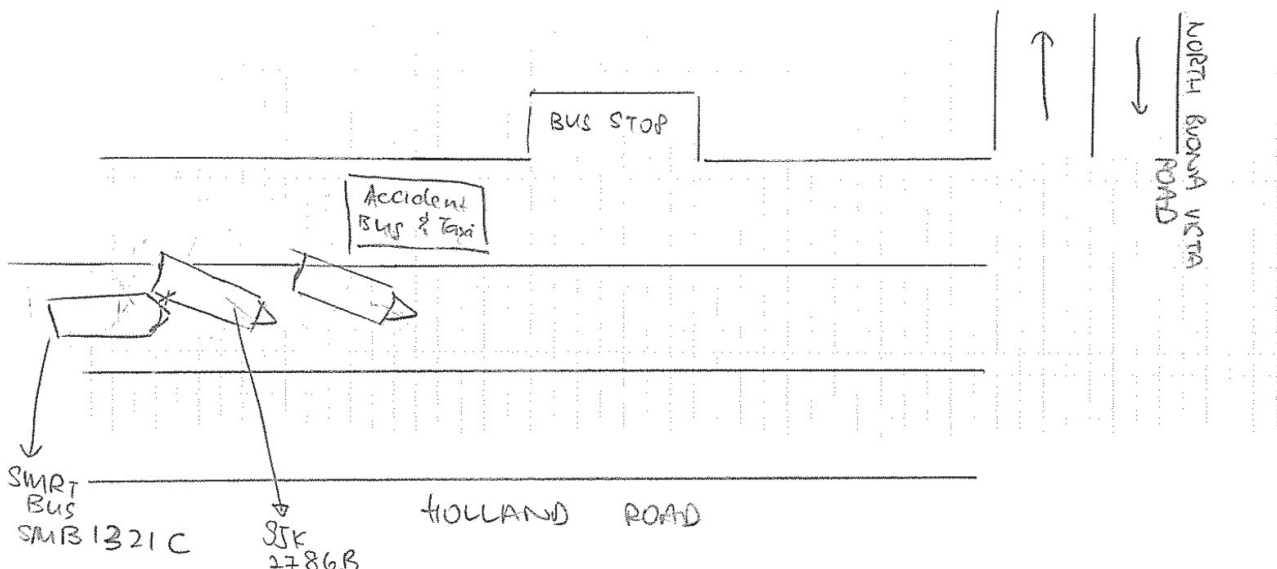
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**




## Sketch Plan Pg. 2

Describe Circumstances of the Accident <b>ACCIDENT DATE:</b> 15/11/17 <b>ACCIDENT TIME:</b> 9.30am <b>LOCATION:</b> Holland Road	<b>LICENSE PLATE NUMBER:</b> SJK 2786 B <b>CONTACT NUMBER:</b> 91195715 <b>EMAIL:</b> toffee27@hotmail.com
I was traveling along Holland Road & there was a traffic incident ahead. Together with 2 or 3 other cars, we had indicated to change lanes from lane 3 into the center lane. I had signalled & was already into the center lane when an SMRT bus hit my right rear fender.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

## Declaration

We declare the foregoing particulars are true in every respect.

 05/11/17  
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8308783H**  
Name: **LIANG SUHUI, JOYCE**

Birth Date: **27 Mar 1983**  
Issue Date: **18 Mar 2005**

001329386B





**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8308783H**

Name: **LIANG SUHUI, JOYCE**  
**梁素慧**

Race: **CHINESE**  
Date of birth: **27-03-1983**  
Country/Place of birth: **SINGAPORE**

Sex: **F**

5412278



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

PASS DATE: **18 Mar 2005**

NP 428A

Licence No: **S8308783H**

5412278

NRIC No. **S8308783H**

Date of Issue: **17-01-2015**

Address: **APT BLK 163 BISHAN STREET 13  
#11-166  
SINGAPORE 570163**

