

## 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	30/01/2018 13:16
Date Of Accident	28/01/2018 15:20
Exact Location Of Accident	DORSET ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE9722G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN HONG LEE MOTOR SERVICES
Co Reg No	26310200M
Email Address	CONTACTUS@BANHONGLEE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64825577

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	VFX/P1768573
Cover Note Number	

### Driver

Name of Driver	LIM BOON HUAT
NRIC No	S7042634Z
Date Of Birth	06/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1997
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91516805
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 256 KIM KEAT AVE #13-160
Postcode	310256
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	SIDE SWIPE
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)	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	SLR1697X
Vehicle Make/Model/Colour	HONDA VEZEL / SILVER
Details Of Properties	FRONT SIDE DENTED
Vehicle Category	PRIVATE CAR
Name of Driver	TAN POH LEONG
NRIC/Passport Number	S8308634C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **immediately** the details of the accident to speed up the claims process.
2. The form must be **completed** by the **policyholder** and/or the **Authorized Driver**.
3. Information provided must be as **truthful and accurate** as possible. Any verbal misrepresentation or withholding of material facts may allow insurance companies to **rescind policy liability**.
4. The **date and acceptance** of this form by insureds constitutes a **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 **signature** 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 **aforementioned**.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:
  - (a) My insurer, my solicitor and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data (hereinafter referred to as "Personal Information") and disclose and transfer such information to any person or persons who have insured with me or associated with me in connection with the accident (all insureds who have insured with me) involved in this accident shall be collectively referred to as the "Insurers". The Insurers, lawyers/law firms, the Motorist Authority of Singapore and any relevant government agency/authorities (such as the police), for the purposes 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 making 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 Insurers who have insured with me 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 used 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 (b) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulator, 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.

Policyholder's Signature  
 Date & Time:

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

Reporting Centre Representative's Signature  
 Name: **CHENG JIA**  
 NRIC/FIN No.: **S9334433**

# Sketch Plan #2

## SKETCH PLAN



Vehicle A: SEF 9132 G  
Vehicle B: SLR 1697 X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A: SEF 9132 G  
Vehicle B: SLR 1697 X  
Location: Dorset Rd  
Date & Time: 28/11/18 @ 3:20p

On 28/11/18 @ 3:20p (vehicle A) was travelling on Dorset Rd on the middle at that time. It was driving. I signal my intention to turn right, I look into my rear mirror & side mirror. I saw this vehicle SLR 1697 in the right lane and there is a large distance away. Then I felt it is safe for me to cut the line. Just after cutting the line, I felt an impact they rear end SLR 1697. I ended in my right side of the car.

for verodoly.

## DECLARATION

I/We declare the foregoing particulars are true to my best knowledge.

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

*[Signature]*  
Policyholder's Signature

Date & Time:

Reporting Centre Personnel's Signature  
Name: L. L. L. L.

28/11/18

Accident Photo



Accident Photo



Accident Photo



Accident Photo

