

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	07/02/2018 12:40
Date Of Accident	03/02/2018 13:00
Exact Location Of Accident	HEARTBEAT @ BEDOK CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG2185D
Insured/Policyholder	
Name Of Registered Owner	WANG TEK KIW
NRIC No	S1506342D
Email Address	SALLY.TK.WANG@EXXOMOBIL.COM
Mobile Phone No	(LOCAL) +65-96616091
Alternative Phone No	OFFICE-96616091

Vehicle Particulars

Manufacturer	BMW
Model	318
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	GA015599/1
Cover Note Number	

Driver

Name of Driver	WANG TEK KIW
NRIC No	S1506342D
Date Of Birth	04/02/1961
Occupation	INDOOR
Date Of Driving Pass	19/06/1987
Driving Experience	30 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96616091
Fax Number	
Contact Number	OFFICE-96616091
EEmail Address	SALLY.TK.WANG@EXXOMOBIL.COM

Address	21 TANAH MERAH KECHIL AVENUE
Postcode	465638
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

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 ATTACH.

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	SLA8282C
Vehicle Make/Model/Colour	A401
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUNE TENG
NRIC/Passport Number	
Contact Number	82880578
Address	
Postcode	
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.



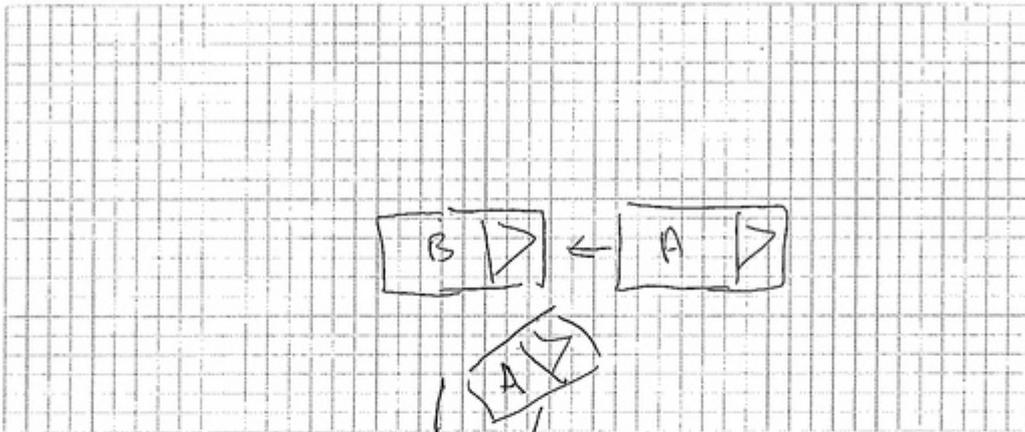
Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Heartbeat @ Bedok on Feb 3 at 13hr.
 After passing the car park gantry, I saw the 1st lot immediately after gantry ^{was} empty. Initially, I had intention to park & turn on my hazard light. Then I noticed the car on 3rd lot moved off. I decided to take the third lot instead of the 1st lot so as not to cause a congestion in carpark. My hazard light was turned on all the time. Initially when I was at 1st lot I looked at rear mirror & ^{then} I noticed ~~no~~ car behind me. When I reversed my car to 2nd lot ^{in the 3rd} there was no one blocking me. I reversed my car looking at the right to ~~about~~ park the car. Unfortunately, car B was too close to me & a collision happened. My left bumper was slightly scratched and car B bumper was damaged too. Car B driver did not horn at all.

Car B driver admitted mistake of being too close to empty lot & initially agreed to pay for damage. She said she had a video in her camera. After viewing her camera, she changed her story & said she wanted to claim against me.

DECLARATION

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

Accident Photo



Accident Photo



Accident Photo



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