

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	09/02/2018 19:07
Date Of Accident	08/02/2018 18:35
Exact Location Of Accident	ALONG QUEENSWAY (TOWARDS FARRER ROAD) JUST AFTER A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC7710S
Insured/Policyholder	
Name Of Registered Owner	CHOW WAI SAN
NRIC No	S7137277D
Email Address	MAYYEE.CHOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97457690
Alternative Phone No	OFFICE-97457690

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 EXV-S (A)
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	VPC/P1486300
Cover Note Number	

Driver

Name of Driver	LIM MAY YEE (LIN MEIYI)
NRIC No	S7241228A
Date Of Birth	01/11/1972
Occupation	INDOOR
Date Of Driving Pass	14/03/1995
Driving Experience	22 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97457690
Fax Number	
Contact Number	OFFICE-97457690
Email Address	MAYYEE.CHOW@GMAIL.COM

Address	APT BLK 211 BISHAN STREET 23 #10-337
Postcode	570211
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	3
Passenger 1	NAME: : VALERIE CHOW GENDER: : FEMALE
Passenger 2	NAME: : LUCAS CHOW 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 ATTACHED STATEMENT - REPORT PURPOSE ONLY

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	SHD3550T
Vehicle Make/Model/Colour	HYUNDAI / / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM HENG HOCK
NRIC/Passport Number	S1438464B
Contact Number	96161888
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 3

Vehicle No SKC 7710 S**SKETCH PLAN**

Annex D

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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

Queenway
(towards Farrer Road)

SKC 7710 S SHD 3550 T

Please continue to Annex E

Vehicle No SKC 7710S

Annex E

Describe Circumstances of the Accident

On 8 February 2018, at about 6.35pm, I (Lim May Yee, S724122PA) was driving my car (Honda Odyssey, SKC 7710S) along Queensway towards Pagar Road. I was travelling in the middle lane on the road. My daughter and my son were in the car with me. Traffic was rather heavy. As the car in front of me moved off from rest, I also stepped on the accelerator to move off. However, after a short distance, the cars in front had to stop again. It was rather sudden for me, thus I did not stop in time and bumped into the rear of a Comfort Delgro taxi, SHD 3550T.

The taxi driver, Mr Lim Hock Heng (IC No. S1438464B) and I alighted immediately. He told me that there was a child in the taxi. I went to check on the child in the backseat of the taxi immediately. She was carried in her mother's arms at that time and looked rather calm. The mother was seated on the left side of the back passenger seat. I cannot remember if the mother was belted up. According to the mother, the child had cried for a while after bumping into the front passenger seat upon impact. The child was not crying by the time I checked on her.

As the mother said that the child was fine, Mr Lim and I proceeded to exchange details and take photographs of the 2 vehicles involved at the scene. Mr Lim and I agreed that there was no visible damage to the rear of the taxi. Mr Lim informed me that he will not be making a claim against me for any damage to the taxi. As for my car, the number plate was bent and there was a small crack on one of the horizontal grilles on the front of the Honda.

Thereafter, I checked on the mother and child again. The mother said that there was no need to take the child to the doctor. I then exchanged phone numbers with the mother and both vehicles left the scene.

I have tried to contact the mother at the phone number given (Khairin, 90059126) to find out the condition of her child today. However, I could not reach her as "the subscriber was not available". I was informed by the taxi driver at noon today that he has reported the matter to Comfort Delgro due to the presence of the child at the scene of the accident. Mr Lim also informed me that

Declaration

Comfort Delgro is sending a surveyor down to check on the car. At this juncture, his view remains that there is no visible damage and he is unsure what steps Comfort Delgro will take after getting the surveyor to inspect the car or if Comfort Delgro is making a claim against me.

We declare the foregoing particulars are true in every respect.

Yee 9/2/18 3.20pm



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo

