

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	01/02/2018 18:10
Date Of Accident	31/01/2018 18:45
Exact Location Of Accident	SIMS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDF9243C
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Insured/Policyholder

Name Of Registered Owner	QUEK BABY JOSEPHINE
NRIC No	S0077831A
Email Address	JOSEPHINE_TANG@VAMDWONG.COM.SG
Mobile Phone No	(LOCAL) +65-96450368
Alternative Phone No	Office-96450368

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPAP/1934205
Cover Note Number	

Driver

Name of Driver	QUEK BABY JOSEPHINE
NRIC No	S0077831A
Date Of Birth	22/12/1950
Occupation	INDOOR
Date Of Driving Pass	04/02/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96450368
Fax Number	
Contact Number	OFFICE-96450368
EMail Address	JOSEPHINE_TANG@VAMDWONG.COM.SG

Address	BLK 817 TAMPINES STREET 81 #02-576
Postcode	520817
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)	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

PLEASE 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	SLF9690P
Vehicle Make/Model/Colour	MITSUBISHI WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO BENG WAH
NRIC/Passport Number	S1648452J
Contact Number	93662730
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	SLIGHT DENT NEAR LOWER RIGHT BACK DR
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

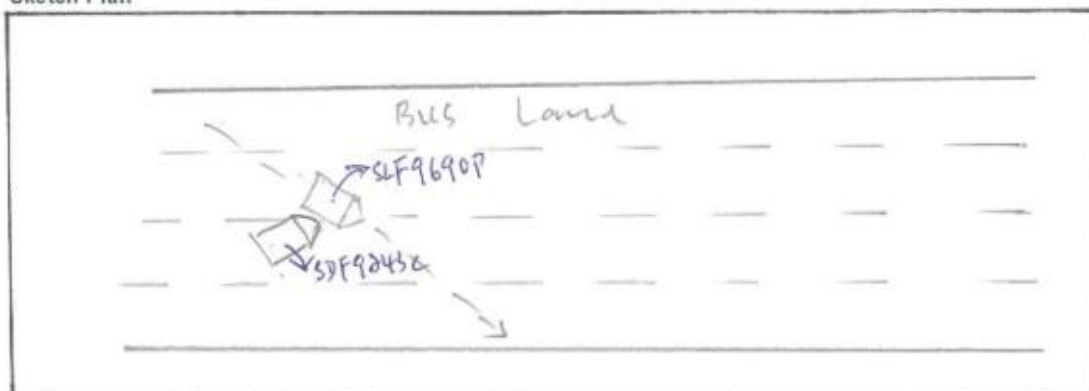
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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
2-55pm

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

Witnessed by Reporting Centre Personnel

Sketch Plan



I was travelling along Sims Ave and waiting at the traffic lights just after Lor 25A/Lor 27. A car on my left side (lane 3) was positioned towards the right. I was in lane 2. Signalling to filter left into lane 3. When the lights turned green, he made a dash towards the right and, as a result, grazed the left hand corner of my front bumper. We both alighted and took pictures of our vehicles. After that, we moved to a nearby carpark to examine the damages and exchange particulars. My vehicle appeared to have slight scratches (to be confirmed by Bureau Motors). His had a small dent on the lower right back door. We both agreed to report to our own insurance company as we could not come to a settlement.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 2-559m 01/02/18

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

Witnessed by Reporting Centre
Personnel

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of QUEK BABY JOSEPHINE

License Number: S0077831A

Name: QUEK BABY JOSEPHINE

Birth Date: 22 Dec 1950

Issue Date: 09 Apr 2003

Barcode: 1000364284K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0077831A

Portrait of QUEK BABY JOSEPHINE

QUEK BABY JOSEPHINE
MRS JOSEPHINE TANG

郭 漢 瑛

Race: CHINESE

Date of Birth: 22-12-1950

Sex: F

Country of Birth: SINGAPORE

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 04 Feb 1983

NP 428A

Barcode: Licence No: S0077831A

Barcode: 3199950

Portrait of QUEK BABY JOSEPHINE

NPIC No: S0077831A

Weight Group: B+

Date of issue: 23-09-2000

Address: APT BLK 617 TAMPINES STREET 81
#02-576
SINGAPORE 520817

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

