### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	21/02/2018 17:41
Date Of Accident	20/02/2018 18:50
Exact Location Of Accident	CLEMENTI AVE 2 TURNING LEFT TO WEST COAST ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFX6891H
Insured/Policyholder	
Name Of Registered Owner	ONG SIEW HOON
NRIC No	S1821865H
Email Address	KOSH67@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90277287
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	LEXUS
Model	GS300-3.0 (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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA118125
Cover Note Number	
Driver	

### Driver

Name of Driver ONG SIEW HOON NRIC No S1821865H Date Of Birth 21/10/1967 Occupation **INDOOR** Date Of Driving Pass 13/06/2003 **Driving Experience** 14 YEARS AND 8 MONTHS Gender **FEMALE** Mobile Number (LOCAL) +65-90277287

Fax Number

Contact Number OFFICE-NOPHONE
EMail Address KOSH67@GMAIL.COM

Address BLK 605 CLEMENTI WEST ST 1 #07-51

Postcode 120605

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 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

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 SLK7829E

Vehicle Make/Model/Colour HYUNDAI ELANTRA / GREY

Details Of Properties

REAR BUMPER LOWER CENTER & RH SIDE MINOR SCRATCH, SEE

PHOTO ATTACHED.

Vehicle Category PRIVATE CAR

Name of Driver SENG CHEY CHEY

NRIC/Passport Number S7517089J Contact Number 96949597

Address

Postcode

Insurance Company Name MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### Sketch Plan

#### SKETCH PLAN

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  interested parties.
- By the lodgment 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.
- 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:
  - 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: 2//2//8

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Tan Huan

Name: Tan Huan

## SKETCH PLAN

A - SFX 6891 H B - SLK 7829 E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 21/2/8 at about 6 sopm. I was heading to home & came to
stationery point at between clementi Ave 2 & wast coast Rd,
Vehicle B was in front of me. I noticed that vehicle B
was moving forward to turn left into West coast Rd. I
looked right & accelerate a bit on my paddle, only to
realised that rehicle B stopped again. Then I heard a
bang & realised that I had banged outs wehicle B.
Both of us pulled aside our cars & assessed the damag
Vehicle B was hit only on the bumper ( near ) only, no
other area. It was not major & only a slight deut on
the bumper onea. There's no injury involved. Gil
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## DECLARATION

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

Policyholder's Signature Date & Time: 21/2/18

Driver's Signature

(If driver is not the policyholder) Date & Time: 2/

Reporting Centre Personnel's Signature Name: Tan Huay

NRIC/FIN No.: S140405 A





















