

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	08/03/2018 11:17
Date Of Accident	06/03/2018 21:15
Exact Location Of Accident	JURONG EAST ST 21 SLIP RD TO JURONG EAST CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9793B
Insured/Policyholder	
Name Of Registered Owner	SARAJA D/O APPLANAI DU
NRIC No	S2621453Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93599396
Alternative Phone No	OTHERS-93830483

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA179742/1
Cover Note Number	21/03/2017 - 20/03/2018

Driver

Name of Driver	KANNAN S/O PARANCHOTI
NRIC No	S9303688C
Date Of Birth	03/02/1993
Occupation	INDOOR
Date Of Driving Pass	26/07/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93830483
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 485 JURONG WEST AVE 1 #05-77
Postcode	640485
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT AND SKETCH

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	SH6098L
Vehicle Make/Model/Colour	
Details Of Properties	TAXI
Vehicle Category	TAXI
Name of Driver	TIA LEONG PEOW
NRIC/Passport Number	S1442819D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLV9377X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

Soraja
 Policyholder's Signature
 Date & Time:

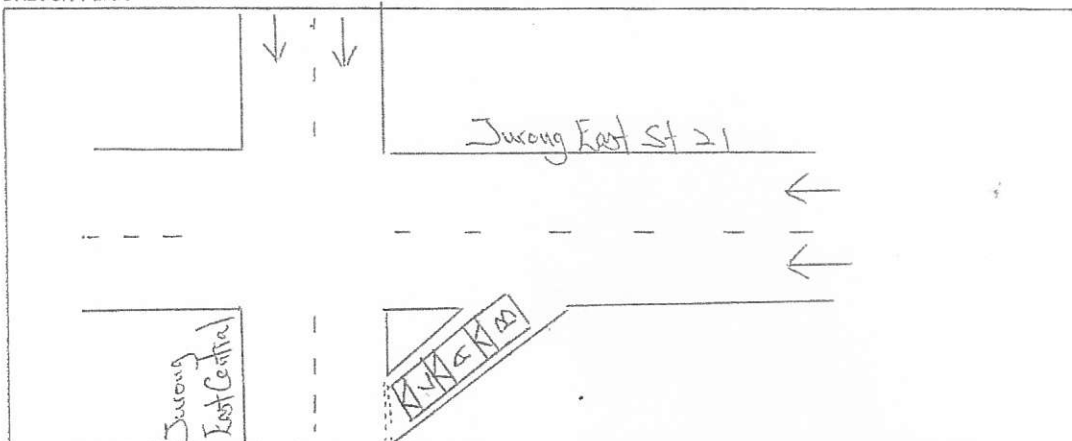
[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

LIAM MOTOR COMPANY
 40 Ang Mo Kio Industrial Park 2A
 #01-03 NKK Autopoint, Singapore 568047
 Tel: 6483 4244 Fax: 6483 6170
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 06/03/2018 Time: 2115 hrs Location: Jurong East St 21 slip rd to Jurong East Central
 My Vehicle A: SJ447933 Vehicle B: SH6098L Vehicle C: SLV937HX

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/03/2018 @ about 2115hrs, I was travelling along Jurong East St 21 towards Jurong East Central. At the slip rd towards Jurong East Central, I stopped behind vehicle 'C' (SLV937HX) waiting for my turn to proceed on. While waiting, suddenly I felt an impact from the rear of my vehicle. The impact was so strong causing my vehicle to move forward and collided into the vehicle in front. I got out of my vehicle and realised that a taxi (SH6098L) had collided into my vehicle rear portion.

TPB - TIA Long Peow SJ447933

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : MASSIVE Trading & Auto

Email address : massive.trd@gmail.com

& myself

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Soraja
 Policyholder's Signature

Date & Time:

[Signature]
 Driver's Signature

(If driver is not the policyholder)

Date & Time:

... LIM MOTOR COMPANY
 No. 10 Ang Mo Kio Industrial Park 2A,
 #01-09 AMK Autopoint Singapore 568047
 Tel: 6483 1244 Fax 6483 6170

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AN LIM MOTOR COMPANY