

## 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 15:46
Date Of Accident	08/03/2018 08:40
Exact Location Of Accident	COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5900J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EVAN LIM& CO PTE LTD
Co Reg No	1980201580H
Email Address	DOROTHY@EVANLIM.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65056000

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO MAXI-1.6 MJ (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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

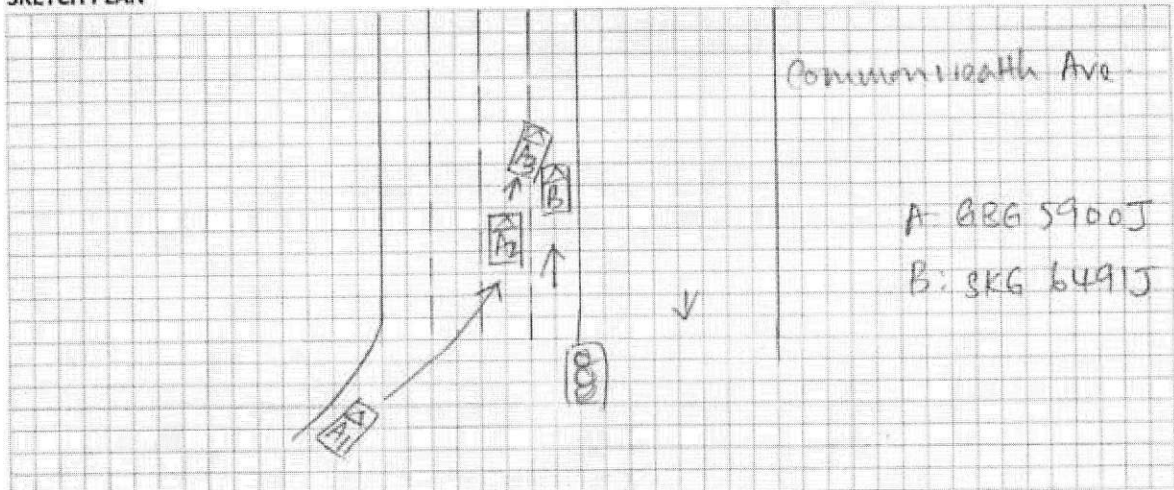
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P1987014
Cover Note Number	

### Driver

Name of Driver	TAN EAN LOO
NRIC No	S2553319D
Date Of Birth	04/06/1948
Occupation	OUTDOOR
Date Of Driving Pass	05/03/1974
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96624487
Fax Number	
Contact Number	
Email Address	NOEMAIL

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/3/2018 at about 8:39am I was driving from Queensway to Commonwealth Ave. I wanted to turn right at the next junction. I was at first lane and wanted to change to third lane. I signal and check my side mirror to ensure no incoming vehicle. I changed my lane to third lane. Suddenly I heard a horn from behind and the next moment vehicle B hit my vehicle right side rear

## DECLARATION

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

  
Policyholder's Signature

Date & Time:

Company Chop (if applicable)


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Driver's Signature

(If driver is not the policyholder)

Date & Time:

8/3/18 @  
11am

  
Reporting Centre Personnel's Signature

Name: LEE CHIAN YEE SS9831634

NRIC/FIN No.:

Address BLK 743 JURONG WEST STREET 73 #08-11  
 Postcode  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 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  
 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

ON 8/3/2018 AT ABOUT 8.39AM I WAS DRIVING FROM QUEENSWAY TO COMMONWEALTH AVE 1. I WANTED TO TURN RIGHT AT THE NEXT JUNCTION. I WAS AT FIRST LANE AND WANTED TO CHANGE TO THIRD LANE. I SIGNAL AND CHECK MY SIDE MIRROR TO ENSURE NO INCOMING VEHICLE. I CHANGED MY LANE TO THIRD LANE. SUDDENLY I HEARD A HORN FROM BEHIND AND THE NEXT MOMENT VEHICLE B HIT MY RIGHT SIDE REAR

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKG6491J  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver SIM CHEE KIAT ALLAN  
 NRIC/Passport Number S8224905B  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

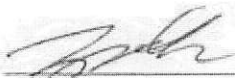
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:
  - (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)  
Date & Time:

8/3/18 @  
11:00 AM



Reporting Centre Personnel's Signature  
Name: LEE CHIAN YEE  
NRIC/FIN No.: S8483163F