

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	02/04/2018 14:46
Date Of Accident	01/04/2018 20:25
Exact Location Of Accident	BALESTIER RD TRAFFIC LIGHTS AT JLN KEMAMAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4710S
Insured/Policyholder	
Name Of Registered Owner	ELIZABETH TAY POH SUAN
NRIC No	S1124066F
Email Address	HARRY_G78@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96360727
Alternative Phone No	OFFICE-97807418

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	VPA/P1932566
Cover Note Number	

Driver

Name of Driver	HARRY GAY POH SIAN
NRIC No	S0212770I
Date Of Birth	07/07/1949
Occupation	INDOOR
Date Of Driving Pass	09/10/1973
Driving Experience	44 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96360727
Fax Number	
Contact Number	
EMail Address	HARRY_G78@HOTMAIL.COM

Address 5 JALAN KEMAMAN #18-01
 Postcode 329325
 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
 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) 4
 Passenger 1 NAME: : ELIZABETH TAY POH SUAN
 GENDER: : FEMALE
 Passenger 2 NAME: : MERVYL GAY
 GENDER: : MALE
 Passenger 3 NAME: : JASMINE LOH
 GENDER: : FEMALE

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 AS ATTACHED

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 SKW90M
 Vehicle Make/Model/Colour MERCEDES/BLACK
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver WU FU PING
 NRIC/Passport Number S1515255I
 Contact Number 93895325

Address	BLK 172 HOUGANG AVE 1 #12-1445
Postcode	530172
Insurance Company Name	ERGO INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

7 *12/04/18*

12/04/18

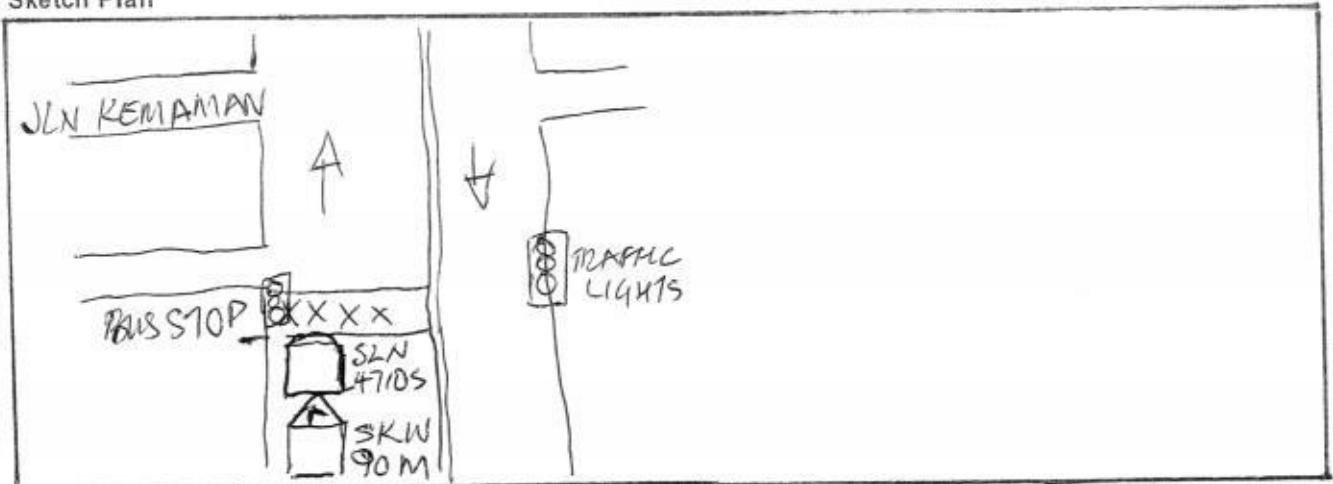
12/04/18

Policyholder's Signature / Date & Time
1235 HRS

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ALL CARS STOPPED BEHIND TRAFFIC LIGHTS. WAITING LIGHTS TO CHANGE.
SUDDENLY CAR SKW QDM DID NOT STOP ON TIME HENCE HIT
REAR OF CAR SLN 4710S

Declaration

We declare the foregoing particulars are true in every respect.

7 12m 01/04/18
Policyholder's Signature / Date &
Time 1235HRS

12m
Driver's Signature (If driver is not the policyholder) / Date
& Time

12
Witnessed by Reporting Centre
Personnel

MOTOR ACCIDENT REPORT

Date Of Report: 02.04.18 Time: 12.25pm Date Of Accident: APRIL 1st 2018 Time: 8.27 PM

Exact Location Of Accident: BALESTIER ROAD TRAFFIC LIGHTS AT JALAN KEMAMAN

Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SLN 4710 S Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: S1124066F

Name Of Registered Owner: ELIZABETH TAY POH SUAN

Mobile Number: 96360727 Alternative No: 97807418 Email Address: harry_g78@hotmail.com

Vehicle Particulars

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model: SIENIAExact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

Insurance Company

Name of Insurance Company: AXA

Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: VPA/P1932566

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: HARRY GAY POH SUAN NRIC/ Passport / FIN No: 302127701

Date Of Birth: 07071949 Occupation: Indoor ☒ Outdoor ☐Date Of Driving Pass: 09 OCT 1973 Gender: Male ☒ Female ☐

Mobile Number: 96360727 Fax No: Alternative No:

Address: 5 JALAN KEMAMAN #1801 Postal Code: 329325

Email Address: harry_g78@hotmail.com

Was driver an employee of the Insured's Company? Yes ☐ No ☐ State relationship of the driver with the insured: HUSBAND

Vehicle Registration Number of Driver's Own Vehicle (if applicable):

Insurance Company of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: TRAFFIC LIGHT STOP. BEHIND CAR HIT REAR OF CAR

Number of Passengers in the above vehicle (Including Driver): 04 / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: ELIZABETH TAY POH SUAN Gender: Male ☐ Female ☒Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):Was any body injured in the Accident? No ☒ Yes ☐Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:

Number of vehicles involved in the accident: ONE

Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below

Witness Name: Contact No.: Email:

Was there any other vehicle or property damaged? No ☒ Yes ☐Was there any video captured by Car Camera? No ☐ Yes ☒ Are accident scene photos available for attachment? No ☒ Yes ☐Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: SKW 90 M Vehicle Make/Model/Colour: MERCEDES BENZ BLACK

Details Of Properties Damage in Accident:

Vehicle Category:

Name of Driver: MR WU FU PING

NRIC/Passport/FIN Number: S15152551 Contact Number: 9389 5325

Address: 172 HOUANG AVE 1 #12-1445 Postal Code: 530172

Insurance Company Name:

Nature Of Damage: No. Of Passenger (Including Driver): ONE

PASSENGER 2		
Name: MERVYL GAY	Gender: Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 3		
Name: JASMINE LOH	Gender: Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
PASSENGER 4		
Name: /	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 5		
Name: XGA	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 6		
Name: /	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 7		
Name: /	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 8		
Name: /	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 9		
Name: /	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 10		
Name: /	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>