

## 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	09/04/2018 18:08
Date Of Accident	07/04/2018 18:10
Exact Location Of Accident	CP @ JLN SEH CHUAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA5863U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW SOEK PENG
NRIC No	S0111543Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98354775
Alternative Phone No	OFFICE-98354775

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 (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	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P0600776
Cover Note Number	

### Driver

Name of Driver	LI YING, IDA
NRIC No	S7938861J
Date Of Birth	29/12/1979
Occupation	INDOOR
Date Of Driving Pass	05/08/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91693169
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	-
Postcode	
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

#### 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?	
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

AS ATTACHED ANNEX D&E

#### 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	SKR7813A
Vehicle Make/Model/Colour	PORSCHE / BLACK
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)	

Vehicle No

SSA 5863U

**SKETCH PLAN**

Annex D

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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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

As Attached

Please continue to Annex E

Sketch Plan Pg. 2

Vehicle No ST95863U


Annex E

Describe Circumstances of the Accident


*As Attached*

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan Pg. 3

#### Accident Report

I was at the Jalan Seh Chuan public carpark at around 6:10pm on Saturday 7<sup>th</sup> of April, 2018 driving a white Honda Jazz (SJA5863U). I was turning left out of my carpark lot that was perpendicular to the Chun Tin Road side. A black Porsche (car plate SKR7813) was parked on the same side as me, one lot apart from me. I had turned out and was parallel with Chun Tin Road, perpendicular to the Porsche. I had not been fast enough to straighten my car after I turned out of the parking lot, and as I was driving too closely to the parking line, and the black Porsche was jutting out slightly from the lot, I scraped the front right side of the black Porsche (which was on my left). This resulted in some paint scratches on the top of the front right bumper of the black Porsche as well as a minor dent at the bottom of the front right bumper.

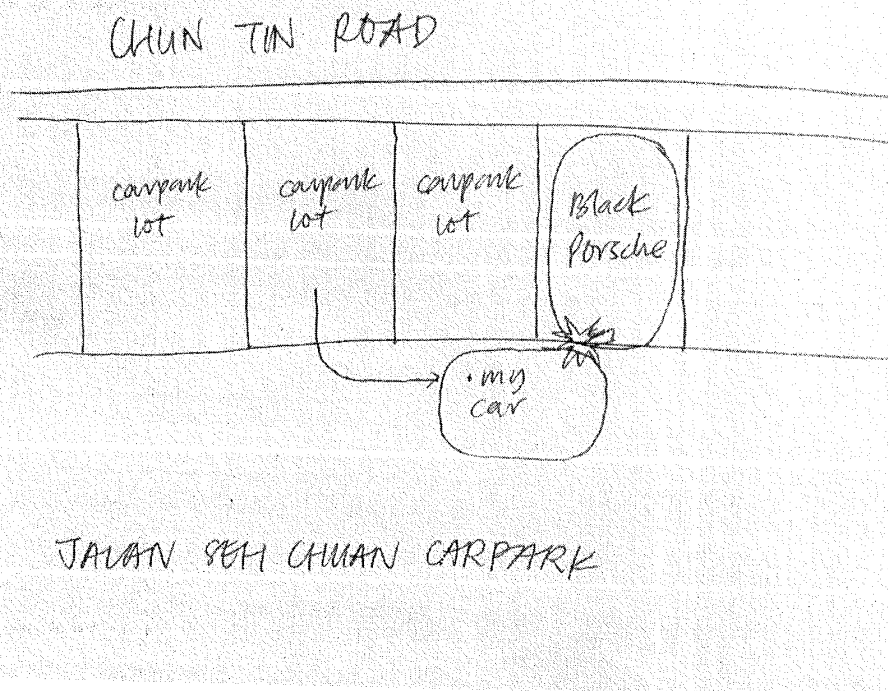
Following the accident, I got out of my car and took photos of the damage that was done to the black Porsche. As the car owner was nowhere in sight, I wrote a note, leaving my phone number for the driver to contact me, and left it on his windscreen (photo below). Seeing that he had an in-vehicle camera unit, I also made sure to motion to the camera that I had left a note on his windscreen. I have attached photos of the damage done to both cars, as well as my own.

Reported by:



Li Ying, Ida (IC: S7938861J)

April 7<sup>th</sup>, 2018



Accident Photo



Accident Photo





Accident Photo





Accident Photo

