

## 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	18/04/2018 11:46
Date Of Accident	17/04/2018 14:25
Exact Location Of Accident	JUNCT OF CRAIG RD & DUXTON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW8984D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE AH LEE
NRIC No	S8187713J
Email Address	ALVIN4223@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91087740
Alternative Phone No	OFFICE-91087740

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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	P1945659
Cover Note Number	

### Driver

Name of Driver	LEE AH LEE
NRIC No	S8187713J
Date Of Birth	27/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91087740
Fax Number	
Contact Number	OFFICE-91087740
Email Address	ALVIN4223@HOTMAIL.COM

Address	BLK 120A EDGEDALE PLAINS #05-269
Postcode	821120
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
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

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	SHB4188K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	DOMINIC TAN CHIN TAK
NRIC/Passport Number	S7308741D
Contact Number	96926671
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.
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

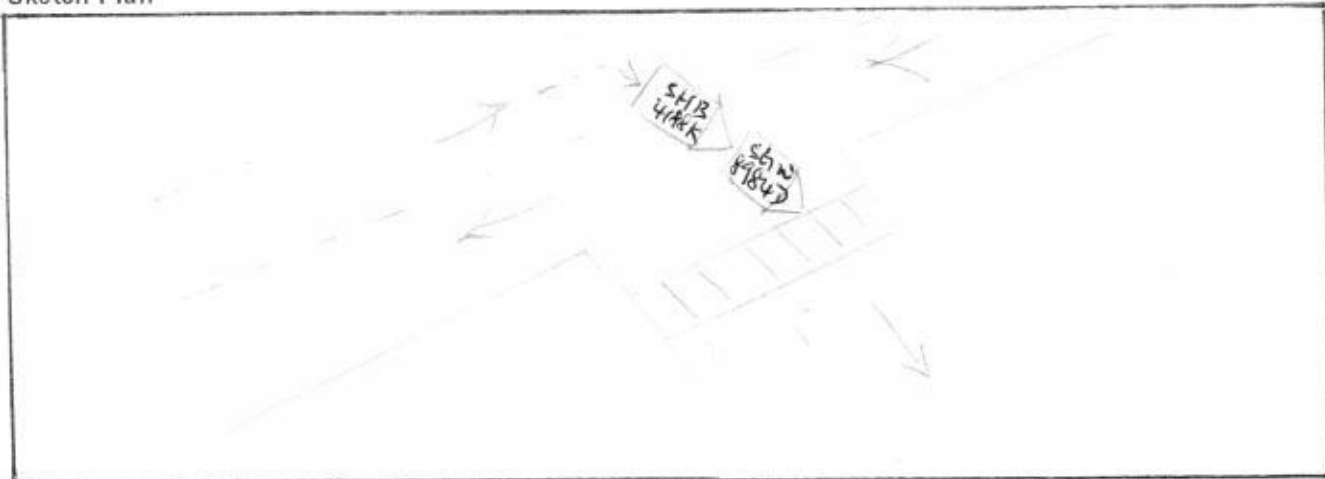
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
5:15 PM

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Stop at zebra crossing to give way  
to pedestrian. Taxi SHB 4188K hit my car  
from behind.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

 17/4/18  
5-15pm

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

Witnessed by Reporting Centre  
Personnel

## MOTOR ACCIDENT REPORT

Date Of Report : 17/04/2018 Time: 16:50 Date Of Accident : 17/04/2018 Time: 2.25pm  
 Exact Location Of Accident : Junction of Craig Rd and Duxton Rd  
 Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

## OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number : SGW 8984D Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No : S8187713J  
 Name Of Registered Owner : LEE AH LEE  
 Mobile Number : 91087740 Alternative No: Email Address: alvin4223@hotmail.com

## Vehicle Particulars

Manufacturer : Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model : Wish  
 Exact 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: P1945659

## DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: LEE AH LEE NRIC/ Passport / FIN No : S8187713J  
 Date Of Birth: 27/05/1981 Occupation: Indoor ☐ Outdoor ☒  
 Date Of Driving Pass: 14 Apr 2005 Gender: Male ☒ Female ☐  
 Mobile Number: 91087740 Fax No: Alternative No:  
 Address: BIKI 20A, EDGEDALE PLAINS #05-269 Postal Code: 821120  
 Email Address: alvin4223@hotmail.com  
 Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured:  
 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: Rear Collision  
 Number of Passengers in the above vehicle (Including Driver): / If more than 2 Pax Please fill ANNEX B

## PASSENGER 1

Name: 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:  
 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: SHB 4188K Vehicle Make/Model/Colour: TAXI  
 Details Of Properties Damage in Accident:  
 Vehicle Category:  
 Name of Driver: DOMINIC TAN CHIN TAK  
 NRIC/Passport/FIN Number: S7308741D Contact Number: 96926671 Postal Code:  
 Address:  
 Insurance Company Name:  
 Nature Of Damage: No. Of Passenger (Including Driver): 2