

## 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	23/04/2018 15:00
Date Of Accident	21/04/2018 07:00
Exact Location Of Accident	PIE TWRDS CHANGI (ANAK BT FLYOVER)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA9319L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE MOR CHUANG GLEN
NRIC No	S7837069F
Email Address	REACH_GLEN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91918860
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GTI

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	GA029242
Cover Note Number	

### Driver

Name of Driver	LEE MOR CHUANG GLEN
NRIC No	S7837069F
Date Of Birth	18/12/1978
Occupation	INDOOR
Date Of Driving Pass	27/08/2001
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91918860
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	REACH_GLEN@YAHOO.COM.SG

Address	BLK 129 BT BATOK WEST AVE 6 #06-386
Postcode	650129
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	CHAIN COLLISION
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

REFER TO ATTACHED

#### 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	SJF8401Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAHUL SIGH SANDHU
NRIC/Passport Number	S9126372F
Contact Number	97221485
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJM7557C
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

AMIRUL BIN SURANI

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.

Policyholder's Signature  
Date & Time:

21/4/18 9a.m

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

21/4/18 9a.m

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

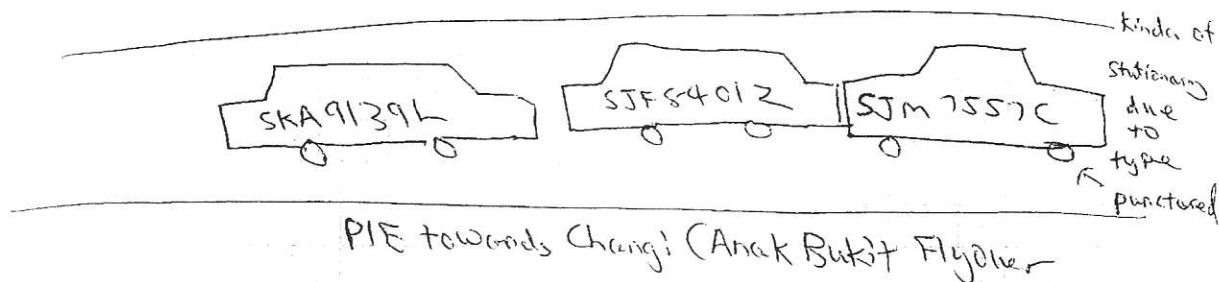


# Sketch Plan Pg. 2

Date of Accident: 21-4-2018  
SKETCH PLAN

PIE towards Changi

Time: around 7 a.m Location: PIE towards Changi  
(Anak Bukit Flyover)



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Changi on 21 April 2018 in the morning and when I approached Anak Bukit Flyover, I ~~saw~~ saw the car in front of me (vehicle No. SJF 84012) suddenly do an Emergency braking and he hit the vehicle in front of him first (vehicle No. SJM 7557C) before I responded with a braking and hit the car in front of me (vehicle No. SJF 84012).

After the accident which took place at around 7 a.m, I alighted my car and I saw that the car (vehicle No. SJM 7557C) in front of SJF 84012 was actually stationary (not moving at all) due to his tyre punctured. The car (SJF 84012) was driving fast and thus unable to stop in time with an Emergency braking which causes my car to ~~hit~~ hit his car. As mentioned above, SJF 84012 hit the car (vehicle No. SJM 7557C) before I hit SJF 84012.

( ) 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 :

email address : linnie@completeme.com.sg

& myself :

email address : peach\_glen@yahoo.com.sg

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

## DECLARATION

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

Policyholder's Signature

Date & Time:

21/4/2018 9am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

21/4/2018 9am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: