

## 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	24/04/2018 08:50
Date Of Accident	23/04/2018 18:30
Exact Location Of Accident	KIM KEAT LINK TOWARDS TOA PAYOH LORONG 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB969P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE MUI HENG
NRIC No	S1605137C
Email Address	DANIELLEEMH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92310976
Alternative Phone No	OTHERS-92310976
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR
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?	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	GA333365
Cover Note Number	

### Driver

Name of Driver	LEE MUI HENG
NRIC No	S1605137C
Date Of Birth	26/11/1963
Occupation	INDOOR
Date Of Driving Pass	12/06/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92310976
Fax Number	
Contact Number	OTHERS-92310976
Email Address	DANIELLEEMH@HOTMAIL.COM

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23<sup>rd</sup> April 2018, about 6.30pm, I was along Kim Keat Link due to heavy traffic, all cars are moving very slow and I was stopped at the filter road waiting to move forward. Suddenly, B vehicle collided onto the rear of my vehicle

## DECLARATION

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

Policyholder's Signature  
Date & Time: 24/4/2018

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/4/2018

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

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:



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



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