

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	14/05/2018 12:09
Date Of Accident	12/05/2018 22:40
Exact Location Of Accident	ECP TOWARDS CITY B4 MARINE PARADE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1511G
Insured/Policyholder	
Name Of Registered Owner	LEONG OI CHOO
NRIC No	S1675957J
Email Address	CL23488@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97869080
Alternative Phone No	OFFICE-97869080

Vehicle Particulars

Manufacturer	BMW
Model	218I
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	VA1/GA350194
Cover Note Number	

Driver

Name of Driver	LEONG OI CHOO
NRIC No	S1675957J
Date Of Birth	25/05/1964
Occupation	INDOOR
Date Of Driving Pass	26/03/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97869080
Fax Number	
Contact Number	OFFICE-97869080
Email Address	CL23488@HOTMAIL.COM

Address	BLK 229 #08-271 TAMPINES ST 23
Postcode	521229
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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 ATTACH.

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	SHD6583D
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	SCRATHES PAINT OFF DENTED
Vehicle Category	TAXI
Name of Driver	WEE KENG TIONG PETER
NRIC/Passport Number	S1412076I
Contact Number	94557878
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 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.
- (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:

May 14/18 4:30am
10am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Same

Reporting Centre Personnel's Signature

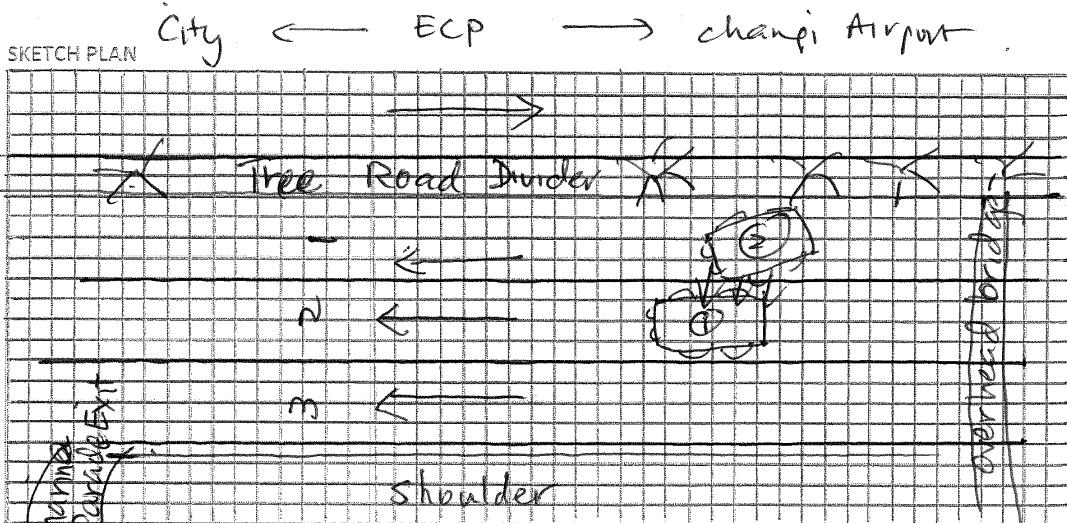
Name:

NRIC/FIN No.:

GARY POH CHAI HOON
Performance Motors Ltd
303 Alexandra Road
Sime Darby Performance Centre
Singapore 119541

10 am

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

① BMW SL215116 ② Mercedes SHD6583D

On May 12/2018 at around 10:30pm, I was driving on ECP towards City with my vehicle (SL215116, BMW 218i, red in colour). I can see overhead bridge behind me, and the exit to Marine Parade about 2-3 km in front of me.

While I have been driving on Lane 2, suddenly a car from my right hit me. From the side mirror, I could see a white car has hit me.

As the traffic on the road was on-going, I had pulled the car to the shoulder, so was the white car.

Upon checking, my car driver side, back door to the front door had been badly scratched. Scratched, paint came off and some area has been dented (referring to fender, Skirting, rear bumper & rim, etc). (SHD6583D)

The white ~~car~~ car was a Mercedes Taxi. We have exchanged ID and contact no. He said he is a taxi driver and had admitted for being careless + cut into my lane + hence caused the accident + damage to my car.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

May 14/18 10am

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

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

GARY POH CHAN HOON
Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 150021

14/5/18
10am

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

