SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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

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Date Of Report

21/05/2018 11:11

Date Of Accident

20/05/2018 13:55

Exact Location Of Accident

TURN RIGHT LANE CROSS JUNCTION @ BISHAN ST 22 & M

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJG183A

Insured/Policyholder

Name Of Registered Owner

LIM HOCK LEONG

NRIC No

S1147557D

Email Address

HLLIM@NAMLEE.COM.SG

Mobile Phone No

(LOCAL) +65-97573698

Alternative Phone No.

OFFICE-97573698

Vehicle Particulars

Manufacturer

BMW

Model

730LI

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

NOTAVAIL

Cover Note Number Driver

Name of Driver

MOK ZHI PING BRIAN

NRIC No

S8605073J

Date Of Birth

04/03/1986

Occupation

INDOOR

Date Of Driving Pass

01/02/2010

Driving Experience

8 YEARS AND 3 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90408054

Fax Number

Contact Number

EMail Address

BRIAN.MZP@GMAIL.COM

Address

BLK 311C CELEMENTI AVE 4 #39-191

Postcode

123311

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - SON IN LAW

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

4

Passenger 1

NAME:

: LIM JIAMIN

GENDER:

: FEMALE

Passenger 2

NAME:

: NG SOCK CHENG BERNICE

GENDER:

: FEMALE

Passenger 3

NAME:

: JONATHAN MOK

GENDER:

: MALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC722P

Vehicle Make/Model/Colour

HYUNDAI YELLOW

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TAN SIOW CHAI

NRIC/Passport Number

S1164509G

Contact Number

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· Address

Postcode

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

FRONT REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJL6791D

Vehicle Make/Model/Colour

TOYOTA VIOS SILVER

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

MARAPPAN PRABHU

NRIC/Passport Number

S8485050J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- By the lodgment 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 :
 - 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 backages/: 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
 - (iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time. Oriver's Signature (If driver is not the policyholder) Cate & Time: Reposting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN	
	
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1 1 1 1 1 1 1 1	
MIIIIIIII	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT
DATE ZO MAY	2018 TIME OF ACCIDENT: 1:52 PM
CONDITION: RA	AINY LOCATION CROSS JUNCTION OF MARYMOUS
	ROAD & BISHAN ST 22.
100	
000 000 00	1 Active to the second
	S WAITING TO TURN INTO THE TURN RIGHT
LANE AT LU	CALE DESCRIBED ABOVE . CAR WAS
STATIONIERY .	AND WAS THEN HIT FROM BEHIND BY
TAXI / SHC	722 P) , DRIVEN BY TAN SIOW CHAI.
	TOPHER IS THE STORE CHILL
INDEN IN CO	F 20 1 + 510 F4 -112 -2
	I DOWN TO SURVEY THE DAMAGE, WE NOTED
THAT THERE	WAS A 3RD CAR INVOLVED, BEALIND THE
TAXI . Toyo	TA (SJL 6791 D), DRIVEN
ECLARATION	
We declare the foregoing part	culers are true in every respect.
olicyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature
ste & Time:	(If driver is not the policyholder) Name
	Date & Time: KBIC/FIN No.;

