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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	09/06/2018 10:13	
Date Of Accident	08/06/2018 17:20	
Exact Location Of Accident	PIE NEAR LORNIE ROAD EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Vehicle Registration Number	SLS1933J
Incured/Policyholder	

Insured/Policyholder

Name Of Registered Owner SEAH QIONG FENG SEAN

NRIC No S8416733I

Email Address KAER84@GMAIL.COM

Mobile Phone No (LOCAL) +65-91181175

Alternative Phone No OFFICE-91181175

Vehicle Particulars

Manufacturer HYUNDAI

Model ELANTRA-1.6 (A)

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

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VPA/P1990536

Cover Note Number

Driver

Name of Driver SEAH QIONG FENG SEAN

NRIC No S8416733I

Date Of Birth 09/06/1984

Occupation INDOOR

Date Of Driving Pass 11/08/2004

Driving Experience 13 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91181175

Fax Number

Contact Number OFFICE-91181175
EMail Address KAER84@GMAIL.COM

Address APT BLK 91 DAWSON ROAD #24-24 SINGAPORE

Postcode 144091

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 3

Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES

Was any other material or property damaged? YE

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 4

Passenger 1

NAME: : YONG RU FUI

GENDER: : FEMALE

Passenger 2 NAME: : TEO JUN HAO

GENDER: : MALE

Passenger 3 NAME: : LEE HOU YI

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

SEE ATTCAH SKETCH PLAN & STATEMENT

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 GY3674X
Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver ATIK NURUL ISLAM

NRIC/Passport Number

Contact Number 90577534/91269939

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLW568R Vehicle Make/Model/Colour HONDA VEZEL

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

QUEK SENG WEE TERENCE

S7723231A

SKETCH PLAN

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 interested parties.
- 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)

Lunderstand, 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 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:
 - 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.:

	1 ()	BIA
	1 2	2 1 1 1
	PIE (NEON LORN	HE POACS
	Towards Chan	8'
CRIBE CIRCUMSTANCES OF	THE ACCIDENT	
I am the driver of	vehicle C (SLS 1933J)	
		p between vehicle B(GY3674
	a sudden haltas it knocked into	
	t was not able to stop in 41m	e and corrotes with the
rear of vehicle B		
LARATION		
	rs are true in every respect.	
	rs are true in every respect.	
	rs are true in every respect.	
declare the foregoing particula	Driver's Signature	Reporting Centre Personnel's Signature
CLARATION In declare the foregoing particular Synolder's Signature Strime: 09/06/20(8)		Reporting Centre Personnel's Signature Name: NRIC/FIN No.:















