

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	20/06/2018 14:32
Date Of Accident	19/06/2018 17:00
Exact Location Of Accident	JUNCTION OF ALLAMANDA GROVE & JALAN HAJI ALIAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ1945Y
Insured/Policyholder	
Name Of Registered Owner	VAN NORMAN BRETT JEFFREY
NRIC No	S7586131A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96491185
Alternative Phone No	OFFICE-96491185

Vehicle Particulars

Manufacturer	LEXUS
Model	RX300-3.0 (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?	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	GA330104
Cover Note Number	

Driver

Name of Driver	VAN NORMAN SAMANTHA BING
NRIC No	S7789764Z
Date Of Birth	10/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	+65-96491185
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	27A JALAN LIM TAI SEE SINGAPORE
Postcode	266263
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	4
Passenger 1	NAME: : VAN NORMAN TYLER GENDER: : MALE
Passenger 2	NAME: : VAN NORMAN SHAIYA GENDER: : FEMALE
Passenger 3	NAME: : VAN NORMAN KEINA GENDER: : FEMALE

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 ATTACH 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	GBG5781K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. 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:
 - (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/TIN No.:

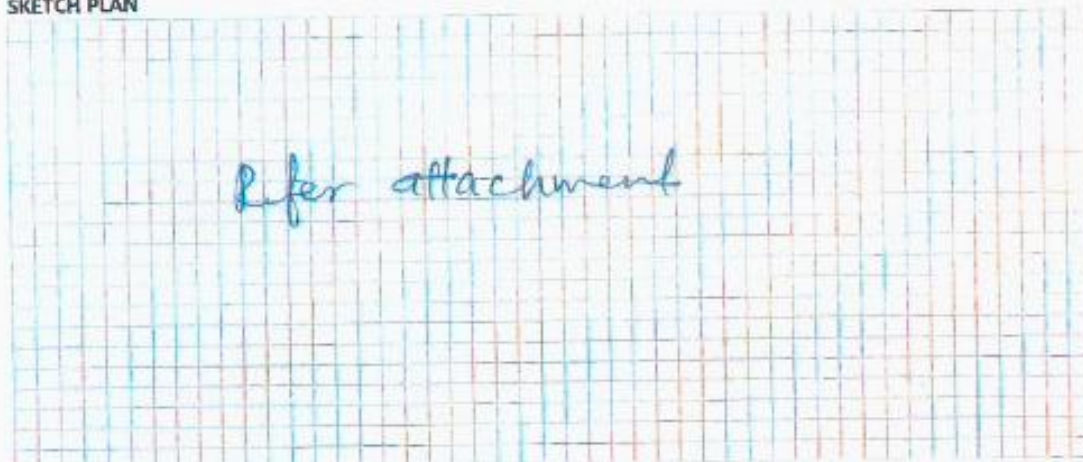
Sketch Plan #2



A - SKR 19459
 B - GIB 57811

Sketch Plan #3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After checking oncoming vehicles were clear, I signalled right to turn into Allamanda Grove. Vehicle I driving @ high speed did not stop at the stop line dashed out from Allamanda Grove collided into the right portion of my vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect.

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7586131A**



Name

VAN NORMAN BRETT JEFFREY

Race

CAUCASIAN

Date of birth

12-09-1975

Sex

M

Country/Place of birth

CANADA



Identification Card

9383892



NRIC No. **S7586131A**



Nationality

CANADIAN

Date of issue

26-10-2015

Address

**21 CLOVER CLOSE
SINGAPORE 579262**

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048582
 Tel: (65) 6234 6000 Fax: (65) 6234 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S08100900 / GST Reg. No. M409617736

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: Mken 18079534 Vehicle Registration No: SKQ 1945Y
 Name (as shown in NRIC): Van Norman Broth Jefferson NRIC/PIN/Passport No: 57586131A
 ("Vehicle Driver" / "Vehicle Owner") (Please delete as appropriate)
 Address: 27A Jalan Toi See Singapore 266263
 Contact (Tel): _____ Mobile No.: 9649 1125
 Email Address: _____
 Date of Accident: 19.06.18 Time of Accident: 17:00
 Place of Accident: Junction of Alhambra Grove & Jalan Haji Ali
 Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like add information that driver
A vehicle B reversed his vehicle behind
the stop line after he hit me. He
need to reverse in order for me to move
as I was pinned in.

A-hun
 Policyholder / Driver's Signature
 Date: 20.06.18

[Signature]
 Reporting Centre Personnel's Signature
 Name: Feldner Ang
 NRIC/PIN No.: _____
 Date: 20.06.18