

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	23/07/2018 15:02
Date Of Accident	21/07/2018 17:30
Exact Location Of Accident	CAIRNHILL CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8877K
Insured/Policyholder	
Name Of Registered Owner	TOI HAO YUAN KELVIN
NRIC No	S7717485J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88128877
Alternative Phone No	OFFICE-88128877

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.8 (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	GA294298/1
Cover Note Number	

Driver

Name of Driver	TOI HAO YUAN KELVIN
NRIC No	S7717485J
Date Of Birth	27/06/1977
Occupation	INDOOR
Date Of Driving Pass	08/05/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-88128877
Fax Number	
Contact Number	OFFICE-88128877
Email Address	NOEMAIL

Address	APT BLK 11 PUNGGOL FIELD WALK #10-28 SINGAPORE
Postcode	828744
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : STELLA HO XINYI GENDER: : FEMALE
Passenger 2	NAME: : TROY TOI DONG HAN 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	SBJ8811Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

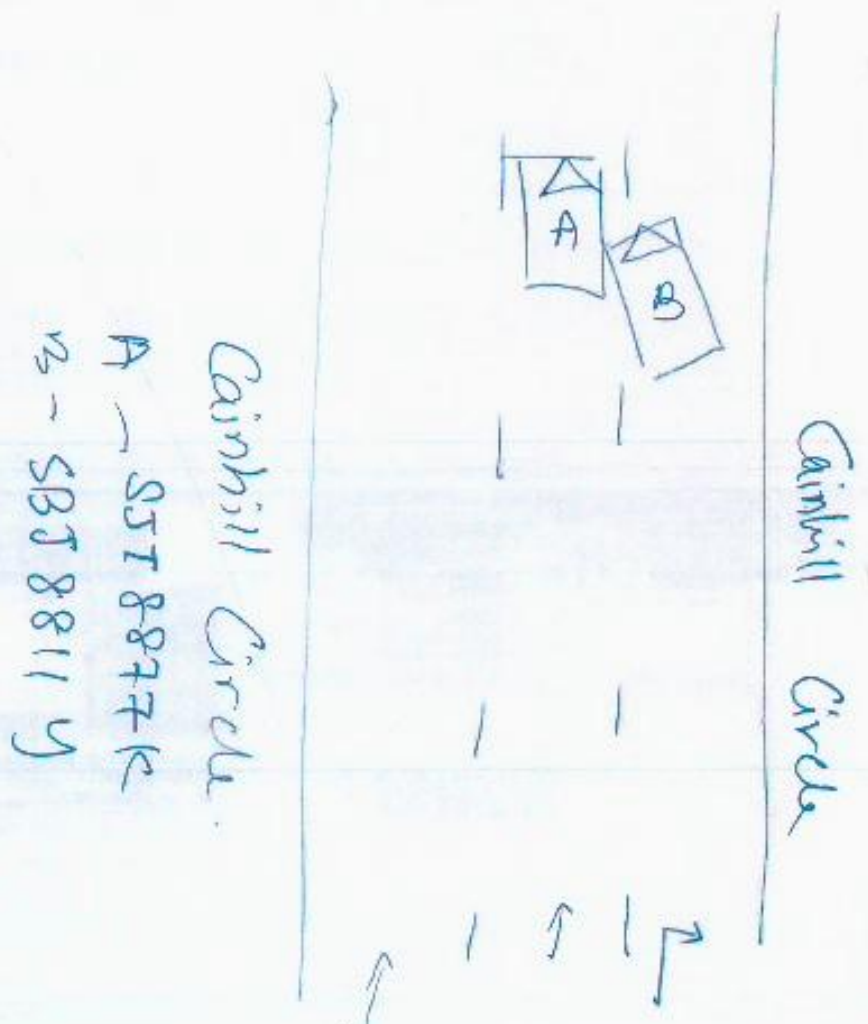
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.:



Cainhill Circle.
 A - SST 8877K
 12 - SBT 8811 Y

Sketch Plan #3

SKETCH PLAN


Refer Attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving straight on the middle lane along Cainhill Circle, vehicle B suddenly swerved out to her left hit and grazed the right portion of my vehicle.

DECLARATION

I/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.:

GRM/AC Standard Form 93

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7717485J



Name
KELVIN TOI HAO YUAN
(TIAN HAOYUAN)
佘浩源
Race
CHINESE
Date of birth
27-08-1977 Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7717485J
Name
KELVIN TOI HAO YUAN
(KELVIN TIAN HAOYUAN)
Valid Date: 27 Jun 1977
Issue Date: 12 Apr 2006

001192217B

467777B



NRIC No. S7717485J



Date of issue
30-07-2007

APT BLK 11 PUNGGOL FIELD WALK #10-26
SINGAPORE 826744

NRIC No: S7717485J Date: 25/12/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms 05 May 1996

NP 428A

License No: S7717485J



Addendum Sheet

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6224 0010 Fax: (65) 6224 0080
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S565520205 / GST Reg. No.: M400017793

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: 19KON18094872 Vehicle Registration No: STJ 8877K
Name (as shown in NRIC): Toi Hao Yuan Kelvin NRIC/FIN/Passport No: S77174851
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate ~~#10-28~~
Address: Apt B11C 11 Punggol Field Walk Singapore ~~828744~~
Contact (Tel): _____ Mobile No.: 8812 8877
Email Address: noemail
Date of Accident: 21.07.18 Time of Accident: 17:30
Place of Accident: Catrabill Circle
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 wish to make amendment on the
TR vehicle no. on my initial report.
It should be STJ 8811Y instead of
STJ 8811J - Sorry for the inconvenience
caused.

[Signature]
Policyholder / Driver's Signature
Date: 23.07.18

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 23.07.18