

☒ Scene Pic
☐ Auth Letter

☒ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
25 JULY 2018	~ 1615	CLEMENTI STREET 13

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	SIP 3775 A
Name of Policyholder	UAP SUEN MEI CELESTIAL THERESE
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S6940561D
Address	Block 115, CLEMENTI STREET 13
Address	#10-66 SINGAPORE 120115
Contact Number	(H) Tel: 67781537 Hp: 90560468
Email Address	phsyapc@nus.edu.sg

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	Mercedes Benz E220
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: TP: other workshop
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	AXA
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	GA014729

DRIVER

Name of Driver	AS Above
NRIC/ FIN/ Passport	
Date of Birth	15/11/1969
Occupation	
Driving Pass Date	21/11/2005
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number	Tel: Hp:
Address	
Address	
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No owner
If No, relationship of Driver with the Insured.	
No. of Passenger in vehicle (including Driver)	(1) (including Driver)
For 2 passengers and above, please state:	Name: Gender: Name: Gender: Name: Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)
Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was there any video captured? (in-car camera)	<input checked="" type="radio"/> No <input type="radio"/> Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

Vehicle Registration Number

SLG 27269

Make/ Model/ Others

Vehicle category

☒ Private ☐ Commercial ☐ Motorcycle

Name of Driver

STAN ANTHA

NRIC/ FIN/ Passport

Contact Number

83836022

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category

☐ Private ☐ Commercial ☐ Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

DETAILS OF WITNESS

Name

Phone / Email Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

☐ Yes ☒ No
☐ Yes ☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

SKETCH PLAN

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 liability.
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. The 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 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: 1415H

26 July 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



26/7/2018 @
2-18pm

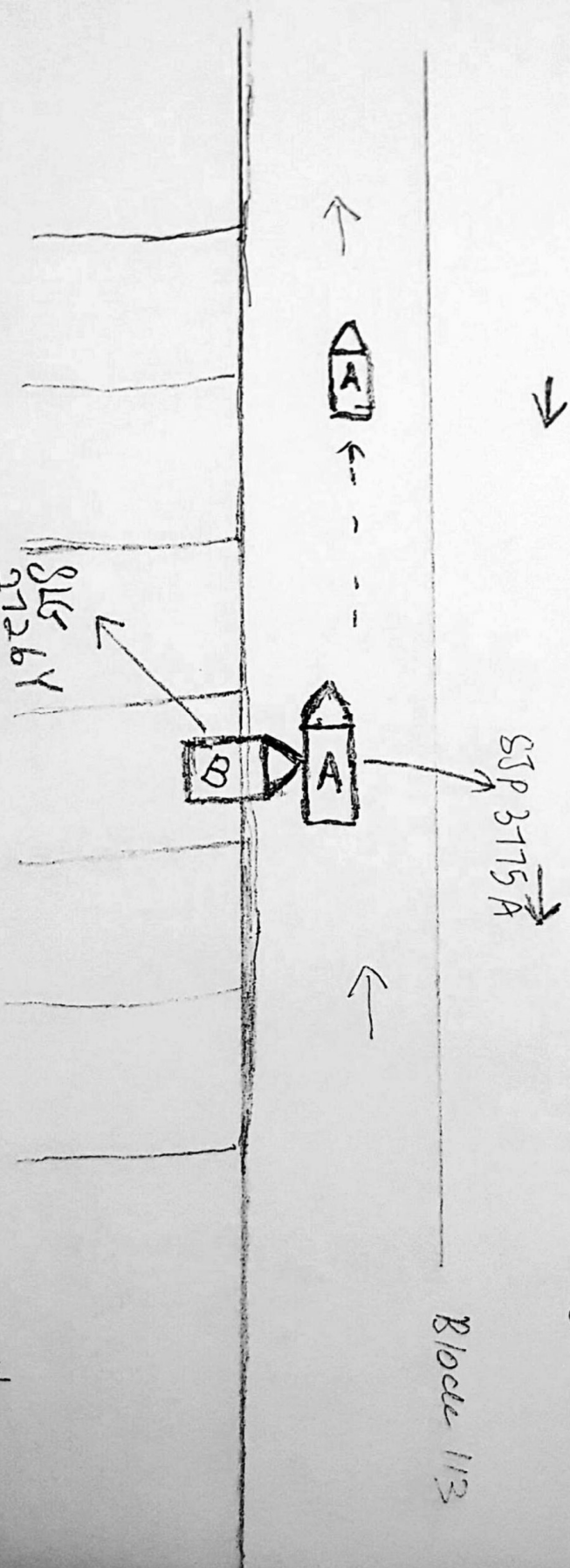
along Clementi Street 13. The vehicle 8LG-2726Y suddenly came out from its parking lot. It hit my car 8JP3775A on the left side and ~~caused~~ caused damage to the left side and left bumper of my car.

~~to~~ Repair at other workshop.

Block 114

815
27261

Revised
9/6/11/2018



Block 113

St 13