

## 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	20/08/2018 10:26
Date Of Accident	19/08/2018 09:00
Exact Location Of Accident	SLIP RD BTW TAMPINES AVE 4 & 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1402Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH GIN THIAM
NRIC No	S1309319I
Email Address	YAMATO.TAKAHARU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90264774
Alternative Phone No	OFFICE-90264774

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	VA1/GA334327
Cover Note Number	16/03/2018-15/03/2019

### Driver

Name of Driver	KOH GIN THIAM
NRIC No	S1309319I
Date Of Birth	02/08/1958
Occupation	INDOOR
Date Of Driving Pass	19/08/1989
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-90264774
Fax Number	
Contact Number	OFFICE-90264774
EEmail Address	YAMATO.TAKAHARU@GMAIL.COM

Address 230J TAMPINES ST 21  
 08-673  
 Postcode 523230  
 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 COLLISION - HEAD TO REAR  
 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: : NG LAY PENG  
 GENDER: : FEMALE  
 Passenger 2 NAME: : XU YU ZHEN  
 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**

REFER TO SKETCH PLAN

**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 SMD3781J  
 Vehicle Make/Model/Colour MAZDA  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver ISAAC GLENN TAN MINGKU  
 NRIC/Passport Number S9135785B  
 Contact Number 90257844  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

**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:

20/Aug/2018

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

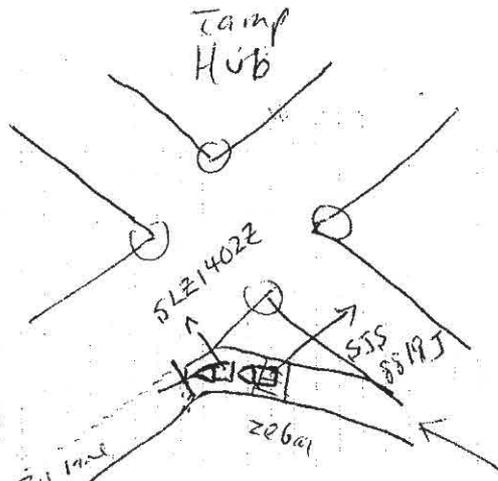
  
\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In the morning of 19/Aug 2018 @ 9 AM entering to Slip road in between junction Ave 4 & Ave 5 Tampere main road

After turning in to slip road, looking out for on coming vehicles on my right side of main road and stopped

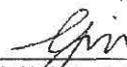
Suddenly after stopping at the slip road, then the Mazda car SJS8819J driven by car driver - Isaac Glenn Tan mingku suddenly bang into the rear of my car Honda Vezel SIZ1402Z.

The car driver of SJS8819J - Isaac Glenn Tan admitted at his own fault for wrongly stepped the accelerator instead of the brake, hence causing the accident ramming into the rear of my car.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <b>Fourteen (14) days clause</b> whereby the claim must be made within the stipulated timeframe from the day of occurrence.	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD / TP at other workshop

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time: 20/Aug 2018

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:   
 NRIC/FIN No.: