

## 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	11/09/2018 17:41
Date Of Accident	07/09/2018 21:30
Exact Location Of Accident	BLK 279 BISHAN ST 24 OSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7737S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG HAN XIAN KEVIN
NRIC No	S7603261J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97400852
Alternative Phone No	OFFICE-97400852

### Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S CVT (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA358082
Cover Note Number	

### Driver

Name of Driver	CHONG AI CHOO
NRIC No	S7902352C
Date Of Birth	22/01/1979
Occupation	INDOOR
Date Of Driving Pass	27/10/1998
Driving Experience	19 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97338300
Fax Number	
Contact Number	
Email Address	EVELYN.CHONGAC@GMAIL.COM

Address	BLK 401 FAJAR RD #06-211
Postcode	670401
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	AFTER RAIN
Road Surface	WET

#### 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)	1

#### 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

PLEASE REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGR700K
Vehicle Make/Model/Colour	BMW 320 COUPE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN WAN HONG
NRIC/Passport Number	
Contact Number	98441478
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

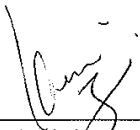
**SKETCH PLAN**

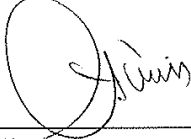
**IMPORTANT NOTICE**

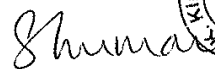

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

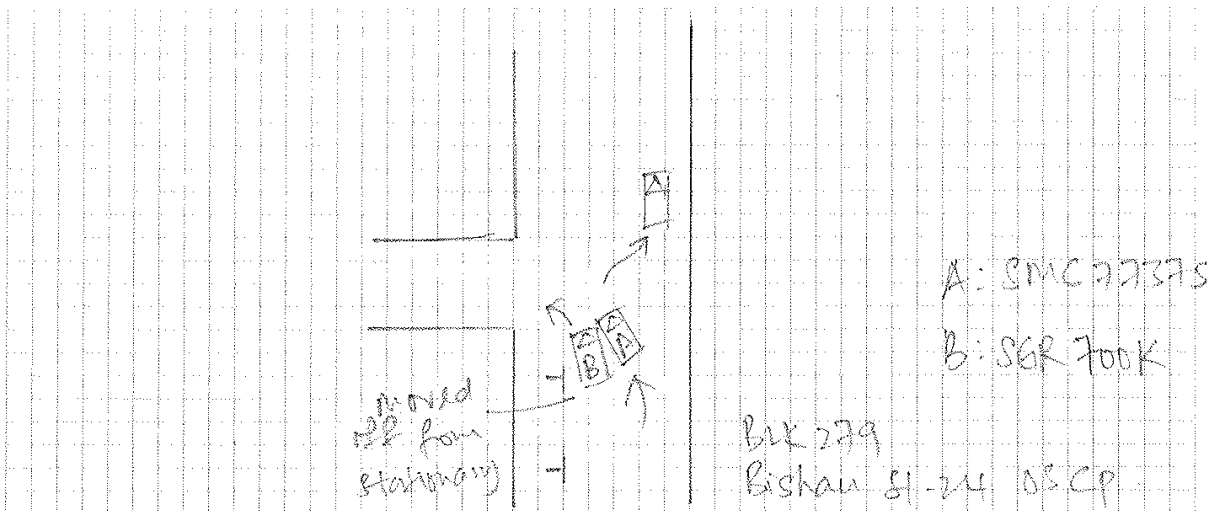
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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/FIN No.: 11/9@11.40pm

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

AS I WAS driving along some parallel parking lots, I saw that Vehicle B was stationary and there was another vehicle (in front of Vehicle B) moving off. So I gave way to that moving vehicle before I make a turn. AS I was turning, Vehicle B moved off from stationary and collided with my vehicle. Nobody was injured.

I did signal before making a turn, however I did not see (or shown in video) that vehicle B signal. There is no visible damage to my vehicle.

Vehicle B driver later sent my another photo which shows more damages, however at the point of accident photos taken, when I was at scene, did not show that much damages. I suspect that Vehicle B further damage his vehicle.

## DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Living: November 2010

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/9 @ 11:40 AM.



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo



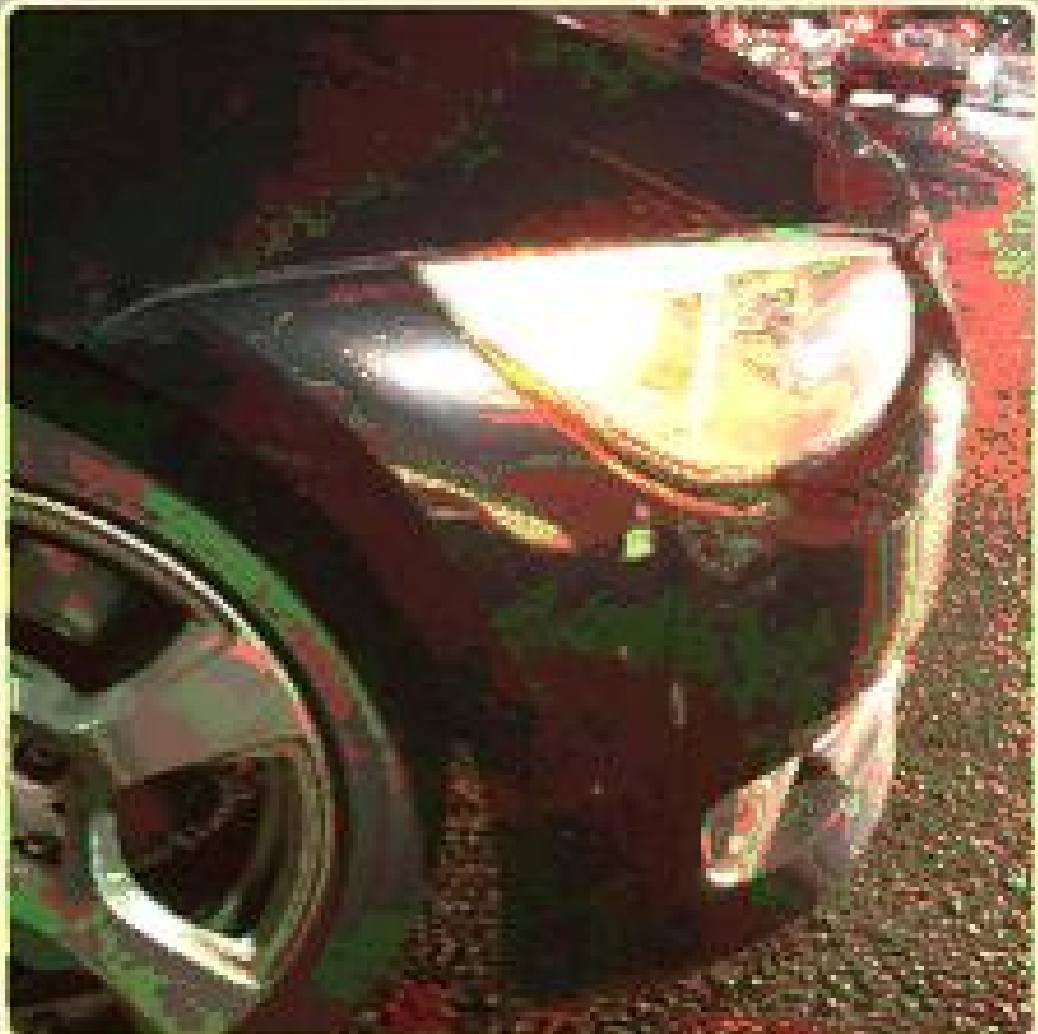


Accident Photo



SMC 7737S

11:35 AM ✓



**\* Photo taken After  
accident when I am not  
around \***

11:46 AM ✓



PHOTO BY THIRD PARTY

