### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

**Driving Experience** 

Mobile Number

Fax Number
Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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.

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|--|-----------------------|
|  | ACCIDENT STATEMENT    |
| Date Of Report   | 13/10/2018 11:56      |
| Date Of Accident   | 12/10/2018 22:50      |
| Exact Location Of Accident   | 33 MANDALAY ROAD      |
| Country/State of Loss  | SINGAPORE             |
| D  | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number  | SKU209A               |
| Insured/Policyholder   |                       |
| Name Of Registered Owner   | GAN HWEE KOON         |
| NRIC No  | S7148285E             |
| Email Address  | SGAN200@HOTMAIL.COM   |
| Mobile Phone No  | (LOCAL) +65-90884619  |
| Alternative Phone No   | OTHERS-90884619       |
| Vehicle Particulars  |                       |
| Manufacturer   | BMW                   |
| Model  | X3                    |
| Exact Purpose for which vehicle was being used at time of accident           | NORMAL USAGE          |
| 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  | GA285426/1            |
| Cover Note Number  |                       |
| Driver   |                       |
| Name of Driver   | GAN HWEE KOON         |
| NRIC No  | S7148285E             |
| Date Of Birth  | 17/06/1971            |

**INDOOR** 

**FEMALE** 

17/05/2005

13 YEARS AND 4 MONTHS

SGAN200@HOTMAIL.COM

(LOCAL) +65-90884619

OTHERS-90884619

Page 1 of 13

Address 33 MANDALAY ROAD #20-04

Postcode 308214

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

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Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions RAINING
Road Surface WET

### **Other Information**

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

110

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

NO

NO

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

REFER TO ATTACH.

## 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 SMC7922Z

Vehicle Make/Model/Colour BLACK

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver MAR WENG TONG

NRIC/Passport Number S7818993B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# , , ,

#### SKETCH PLAN

## **IMPORTANT NOTICE**

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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
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- 5. Any false reporting may be referred to the Police for investigation.
- 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:
  - 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

KÉVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre

Name: NRIC/FIN No.:

| 20 Sep,2018 11:28 A M | 2( | ) | S | e | p | , | 2 | 0 | 1 | 8 | 1 | 1 | : | 2 | 8 | į | ١ | ħ | 1 |
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| SKETCH PLAN                              | 33 Mandalay   | Road  |   |
|--|---|---|---|
|  |   |   | 17  |
|  |   |   | m   |
|  |   |   |   |
| DESCRIBE CIRCUMSTANCE                    | S OF THE ACCIDENT   |   |   |
| On 12 Oct 20                             | 018, at 1050 pm To 11   | 100 PM, it was                                      |   |
| saining & we                             | + and dark. I drove   | out slowly Fr                                       | pm  |
| my Londomini                             | um, checked left and r  | ight, no car and                                    | /   |
| proceed to tur                           | in right. Suddenly, a   | black car appears                                   | d in  |
| front & 1 8                              | typed aboutly. The  | car brushed past                                    | my  |
| left Front po                            | not of my car.  |   |   |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
| DECLARATION                              |   |   | 7   |
| I/We declare the foregoing part          | iculars are true in every respect.  |   | KEVIN LEONG WAI KIT Perfomance Motors Limited ~ 303 Alexandra Road Sime Darby Performance Centre Singapore 159941 |
| Poličyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Céntre Personne<br>Name:<br>NRIC/FIN No.: | el d Signature  |



















