

## 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 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.

### ACCIDENT STATEMENT

Date Of Report	22/10/2018 12:43
Date Of Accident	19/10/2018 19:30
Exact Location Of Accident	ALONG UPP SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1114C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAN KIM KEE
NRIC No	S2560412A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98283311
Alternative Phone No	OTHERS-98283311

### Vehicle Particulars

Manufacturer	BMW
Model	318I SEDAN LED NAV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	VPA/1655635
Cover Note Number	

### Driver

Name of Driver	GAN KIM KEE
NRIC No	S2560412A
Date Of Birth	18/06/1963
Occupation	INDOOR
Date Of Driving Pass	03/10/1990
Driving Experience	28 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98283311
Fax Number	
Contact Number	OTHERS-98283311
EEmail Address	NOEMAIL

Address	BLK 203D COMPASSVALE ROAD #15-57
Postcode	544203
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

**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 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**

AS PER 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	SDV9595C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHAY ANN
NRIC/Passport Number	S0144153A
Contact Number	97983300
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

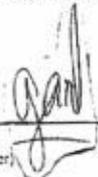
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.
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- (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:



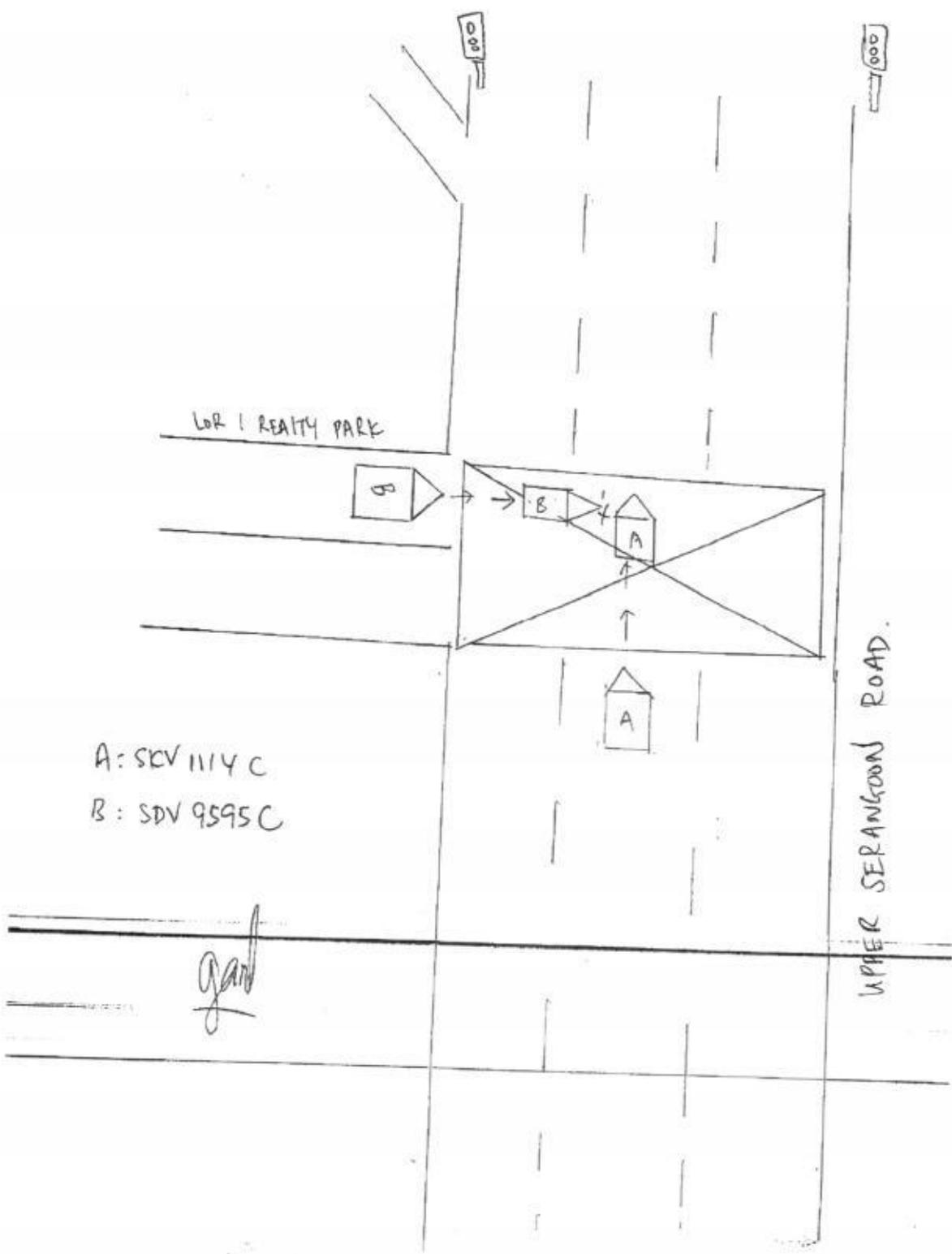
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



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

Yvonne Toh

Accident Sketch Plan Pg. 1



A: SCV 1114 C  
B: SDV 9595 C

gan

Accident Sketch Plan Pg. 1

SKETCH PLAN

Please refer to attached file.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time:

Accident Location:

I was driving along Upper Serangoon Rd and the traffic light in front was red & I stopped outside of the yellow box. Once the traffic light turned green, I drove straight. Out of the sudden, the vehicle B turned out from Lor 1 Realty Park into Upper Serangoon Rd & banged onto my front left hand side portion.

Reporting Only    Own Damage    Third Party    Claim at other workshop (OD/TP)

DECLARATION

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

IMPORTANT NOTE:  
You will need to send to the workshop that is involved that you wish to claim against your own policy (Own Damage Claim) and a POLICYBOND (14) slip when the claim must be made within the stipulated period from the day of accident.

  
Policyholder's Signature  
Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



100