

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	19/11/2018 17:25
Date Of Accident	23/10/2018 11:15
Exact Location Of Accident	ALONG BKE EXIT TOWARDS TURF CLUB AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS62C
Insured/Policyholder	
Name Of Registered Owner	DIU DIAN HONG
NRIC No	S2576737C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88094979
Alternative Phone No	OTHERS-88094979

Vehicle Particulars

Manufacturer	BMW
Model	320I
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	UNAVAILABLE
Cover Note Number	

Driver

Name of Driver	DIU DIAN HONG
NRIC No	S2576737C
Date Of Birth	30/08/1941
Occupation	INDOOR
Date Of Driving Pass	13/09/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88094979
Fax Number	
Contact Number	OTHERS-88094979
Email Address	NOEMAIL

Address	331 RIVER VALLEY RD #03-06
Postcode	238363
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
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	GZ4957T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

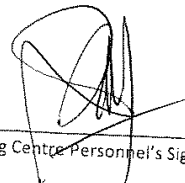


Policyholder's Signature
Date & Time:



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

19/4/18 (2.45pm)



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

SKETCH PLAN

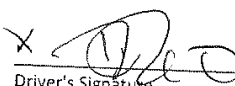
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report No: T/20181110/2072


DECLARATION

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

X 
Policyholder's Signature
Date & Time:

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

19/11/18 (2.45 PM)


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



**SINGAPORE
POLICE FORCE**



T/20181110/2072

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20181110/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2018 14:30			Vide Report No.:		Station Diary No.: 87
Informant's Particulars					
Name of Informant: DIU DIAN HONG			Address: 331 RIVER VALLEY ROAD #03-06 SINGAPORE 238363		
ID Type / ID No.: NRIC NO / S2576737C			Contact No.: Home/Office: Mobile: 88094979		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 77	Date of Birth: 30/08/1941	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: FINANCE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2018 11:15	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY TURF CLUB AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ4957T	Van				Slightly Damaged	1
SJS62C	Car	BMW	320I GT 5DR ABS HID DSC NAV	Beige	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS62C	AXA INSURANCE SINGAPORE PTE LTD	GA056427	27/08/2018	26/08/2019



**SINGAPORE
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T/20181110/2072

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Tel No: 1800-7359999

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Report No. T/20181110/2072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DIU DIAN HONG	ID No.	S2576737C
Related Vehicle	SJS62C (Car)	Contact No.	88094979
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, one van (GZ4957T) had a slight hit onto my vehicle rear bumper.

I signaled to exit BKE towards turf club avenue and I was already in the lane when the van knock into my rear bumper. Both of us stopped our vehicle to check the damages however we did not exchange particulars. I wish to state that at the point both of us were not injured. We took picture of our damages and left the place.

I have already reported the incident to my insurance agent who advice me to go to BMW workshop to have my damages accessed. I do not know the cost of my damages. My vehicle suffered slight scratches on the bumper.



**SINGAPORE
POLICE FORCE**



T/20181110/2072

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Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20181110/2072

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 1 CHUA ZHENG XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2018 14:30
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI ✓ Contact No.: 65476151 ✓	Classification Of Case:
Authentication Stamp NP168 SINGAPORE POLICE FORCE CN 172 SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

