

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	16/11/2018 16:48
Date Of Accident	16/11/2018 14:30
Exact Location Of Accident	BASEMENT 2 CARPARK WESTGATE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD3107E
Insured/Policyholder	
Name Of Registered Owner	AMY LOW NEE AMY LIM MENG CHIEW
NRIC No	S0139797D
Email Address	LOWJOE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96679906
Alternative Phone No	OFFICE-98189832

Vehicle Particulars

Manufacturer	BMW
Model	530I-2.0 LED NAV (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1929461
Cover Note Number	

Driver

Name of Driver	JOE LOW TENG KHWAY
NRIC No	S0034440J
Date Of Birth	31/10/1948
Occupation	INDOOR
Date Of Driving Pass	19/06/1970
Driving Experience	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98189832
Fax Number	
Contact Number	
Email Address	LOWJOE@SINGNET.COM.SG

Address	1 SERENADE WALK
Postcode	575750
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	IN CAR PARK SHELTERED
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)	2
Passenger 1	NAME: : SIERRA LOW 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 ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER TO OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU1207L
Vehicle Make/Model/Colour	RENAULT SCENIC / WHITE
Details Of Properties	FRONT LEFT BUMPER
Vehicle Category	PRIVATE CAR
Name of Driver	LIM MENG HONG
NRIC/Passport Number	S1323271G
Contact Number	
Address	BLK 821 JURONG WEST STREET 81 #09-484
Postcode	640821
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

Sketch Plan

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:

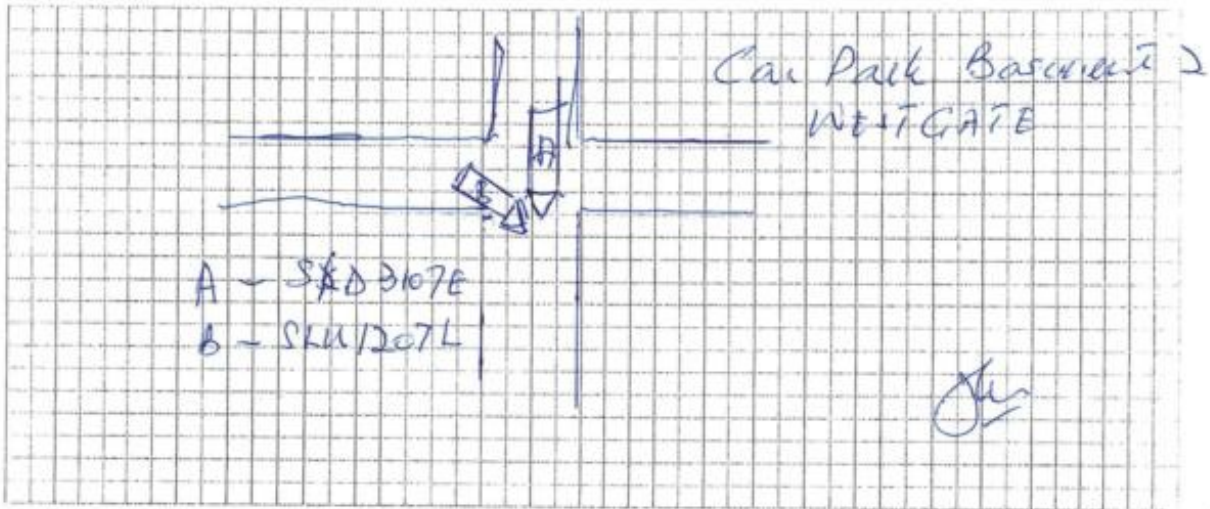
Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/11/18
15.30

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



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out toward the exit from Basement 2 to Basement 1 with my headlights on. Approaching a stop sign I slowed down and having a clear passage I proceeded to drive, just as I drove up having made it half way a vehicle came from the light, collided into my front right bumper. I believe she is looking for an exit sign instead of the vehicle in the carpark.

No injury

Jh

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/11/2018
15.30



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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



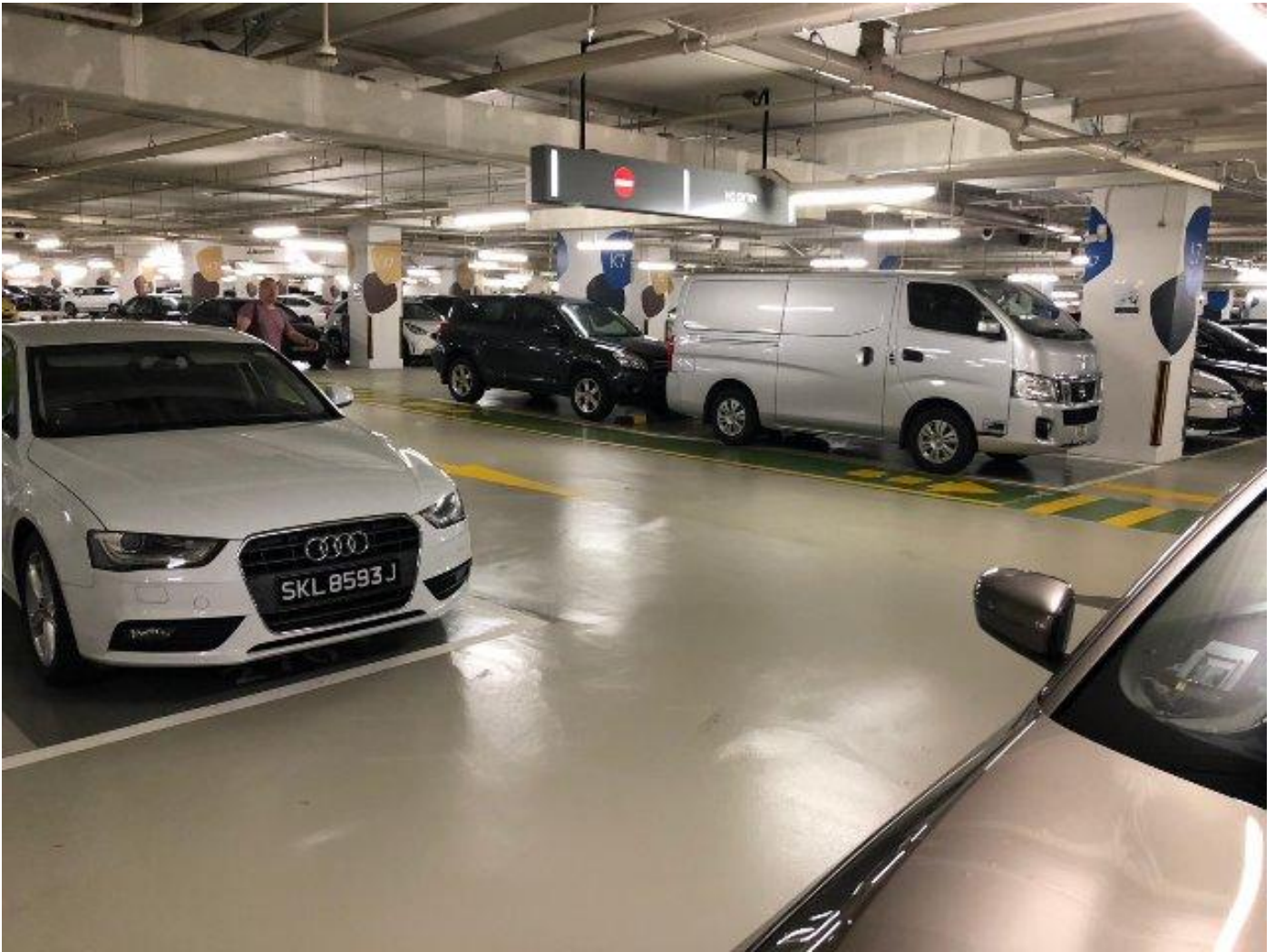
Accident Photo



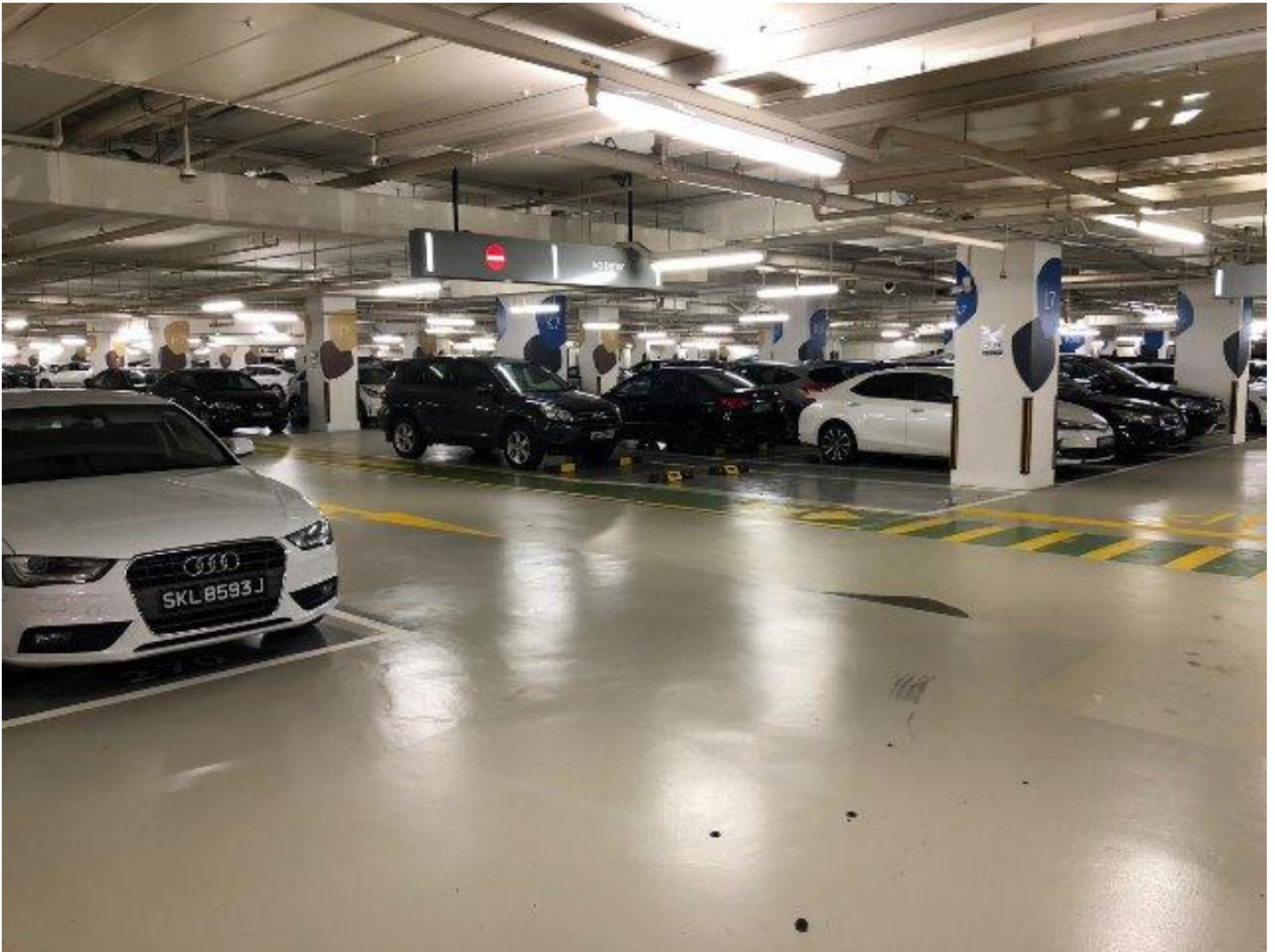
Accident Photo



Accident Photo



Accident Photo



Accident Photo



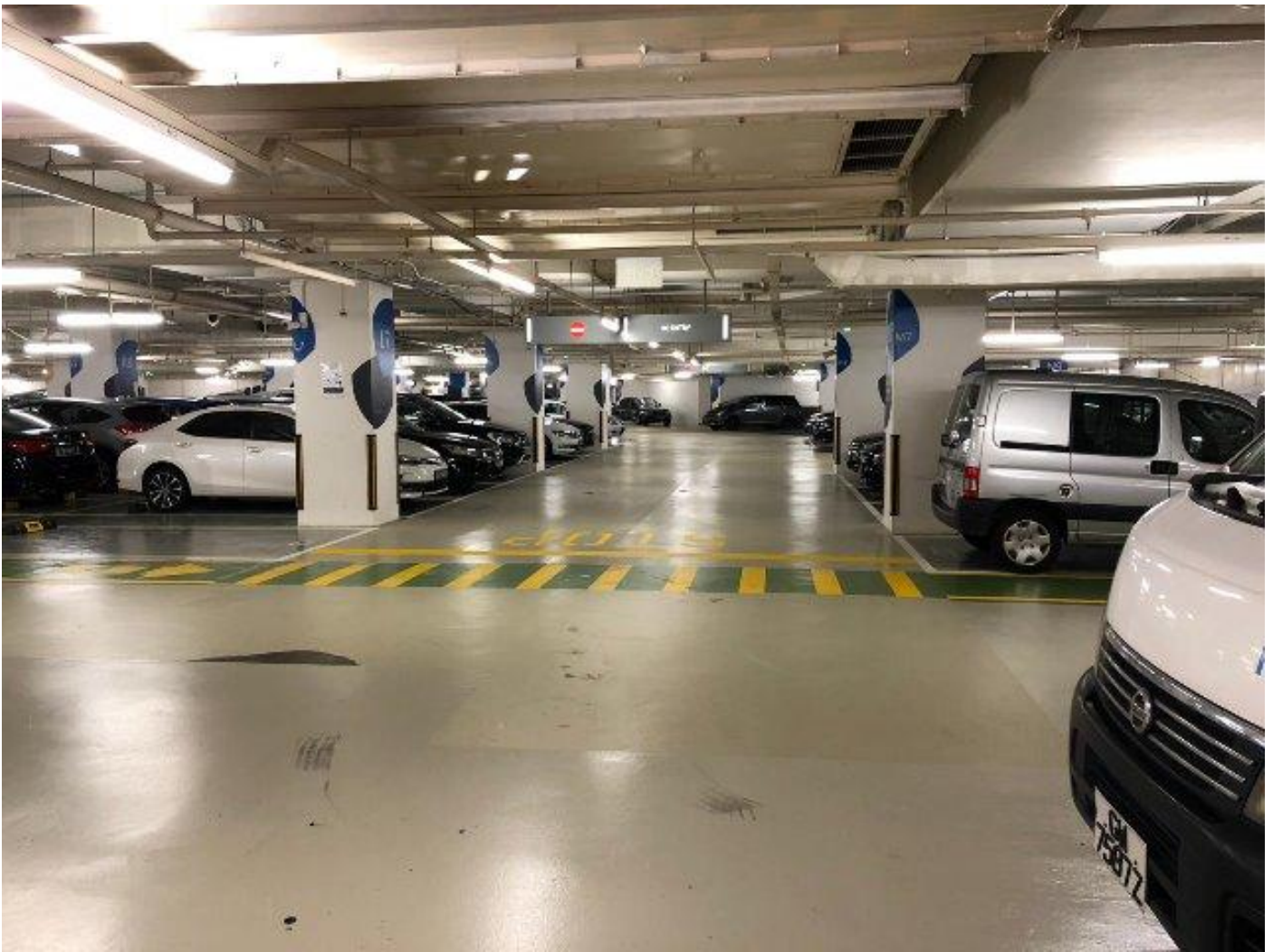
Accident Photo



Accident Photo



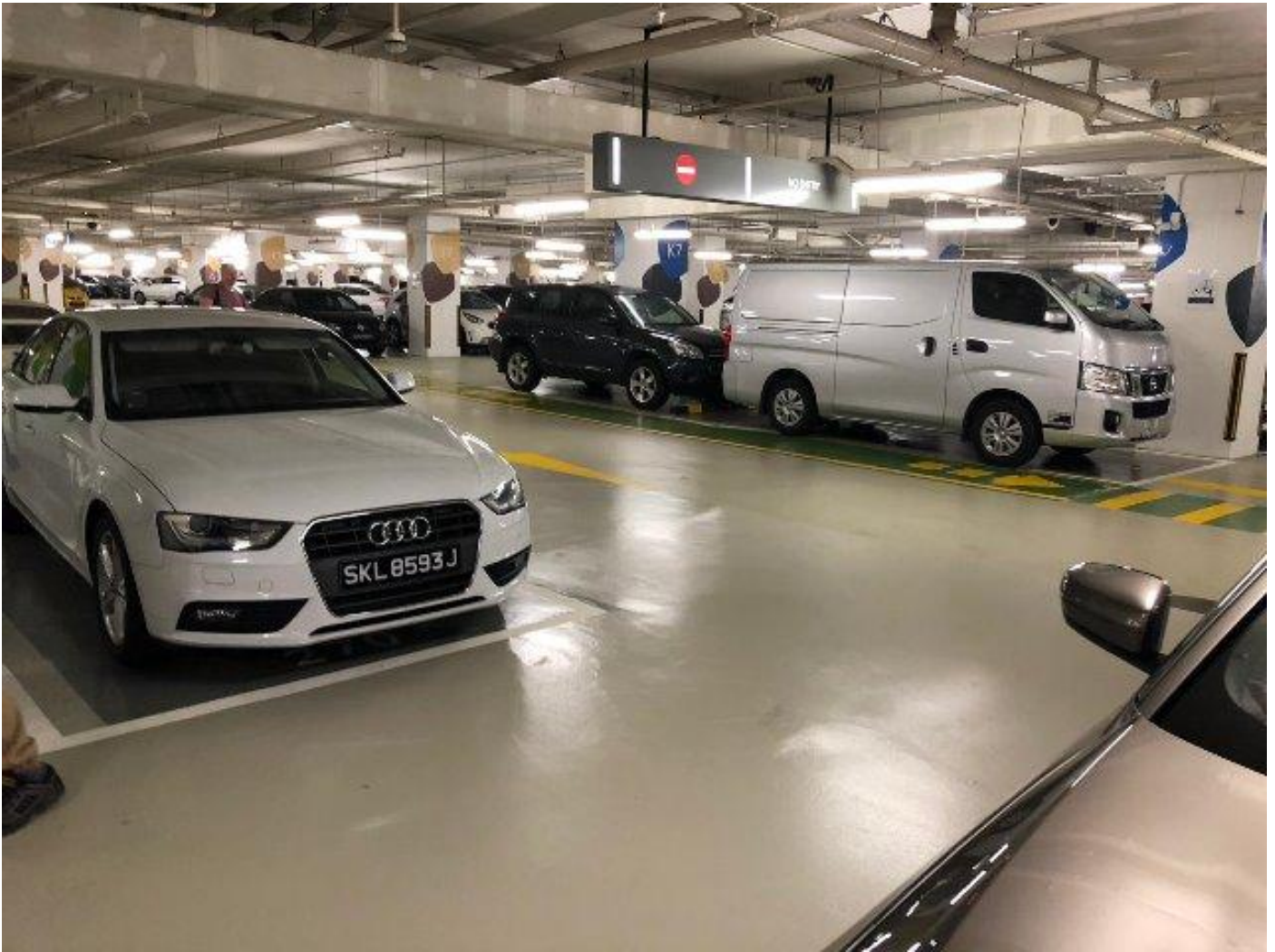
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHLW18148682 Vehicle Registration No: SKD 3107 E
Name (as shown in NRIC) : JOE LOW TENG KHWAY NRIC/FIN/Passport No : S 0034440 J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 1 SERENADE WALK Singapore (575750)
Contact (Tel) : _____ Mobile No. : 9818 9832
Email Address : LOWJOE @ SINGNET . COM . SG
Date of Accident : 16.11.2018 Time of Accident : 14:30
Place of Accident : BASEMENT 2 CARPARK WEST GATE
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND FROM THIRD PARTY CLAIM TO OWN DAMAGE
CLAIM THEN DO RECOVERY

Policyholder / Driver's Signature
Date: 17/11/18

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

