

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	26/11/2018 13:09
Date Of Accident	24/11/2018 22:00
Exact Location Of Accident	7 VERDE AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK3288D
Insured/Policyholder	
Name Of Registered Owner	SEAH MONG YEOW LESLIE
NRIC No	S1643473F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93871421
Alternative Phone No	OFFICE-93871421

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK200

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 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	GA262564
Cover Note Number	

Driver

Name of Driver	SEAH MONG YEOW LESLIE
NRIC No	S1643473F
Date Of Birth	07/10/1964
Occupation	INDOOR
Date Of Driving Pass	04/01/1982
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93871421
Fax Number	
Contact Number	OFFICE-93871421
Email Address	NOEMAIL

Address	7 VERDE AVENUE
Postcode	688275
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

MY CAR PARKED STATIONARY OUTSIDE MY HOUSE 7 VERDE AVENUE. CAR B (SHA9342D) COLLIDED MY CAR FRONT RIGHT SIDE. I AM NOT AT HOME, MY NEIGHBOURS CAME OUT TO ASSIST TAKING CAR B PARTICULAR. NO ONE WAS INJURED AND CAR B DRIVER ASK ME TO CLAIM HIS INSURANCE.

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	SHA9342D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOMASUNDRAM RAMAMOORTHY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident 24/11/18
 Time Of Accident 22:00
 Exact Location Of Accident 7 Verde Avenue
 Country/State of Loss Singapore/Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK 3288 D
 Insured/Policyholder
 Name Of Registered Owner Mr Seah Mow Yew Leslie
 NRIC No S1643473F
 Email Address
 Mobile Phone No 93871421
 Alternative Phone No

Vehicle Particulars

Manufacturer MERCEDES-BENZ
 Model SLK200
 Exact Purpose for which vehicle was being used at time of accident Private use ☒ Commercial use ☐ Hire & reward ☐
 Others - Please specify
 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ No ☒ Other
 If No, Please state action to be taken
 Third Party Claim ☒ Reporting Only ☐
 Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA
 Type Of Coverage Comprehensive Others
 Fleet Policy Yes ☐ No ☒
 Policy Number GA262564
 Cover Note Number

Driver

Name of Driver Mr Seah Mow Yew Leslie
 NRIC No S1643473F
 Date Of Birth 07/10/1964
 Occupation Indoor ☒ Outdoor ☐
 Date Of Driving Pass 04/01/1982
 Driving Experience -
 Gender Male ☒ Female ☐
 Mobile Number 93871421
 Fax Number -
 Contact Number -
 Email Address -
 Address 7 Verde Avenue
 Postcode 688275

Was driver an employee of the Insured's Company

Yes ☐ No ☒

If No, Relationship of the Driver with the Insured

Owner ☒ Paid Driver ☐ Relative ☐ Friend ☐ Parent ☐
Spouse ☐ Children ☐ Sibling ☐ Other: _____

Vehicle Registration Number of Driver's Own Vehicle

☒

Insurance Company of Driver's Own Vehicle

☒

General Information of the Accident

Type Of Accident

☐

Weather Conditions

Clear ☒ Raining ☐ Others ☐

Road Surface

Dry ☒ Wet ☐ Others ☐

Details of Injured Persons

Was anybody injured in the Accident?

No ☐ Yes ☒

Name

☐

Address

☐

Injuries Sustained

☐

If vehicle Occupants, state in which vehicle?

☐

Were seat belts worn?

No ☐ Yes ☒

Was injured conveyed to hospital by ambulance?

No ☐ Yes ☐

Other Information

Was any foreign vehicle involved in this accident?

No ☒ Yes ☐

Number of vehicles involved in the accident

☐

Was any other material or property damaged?

No ☒ Yes ☐

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

No ☒ Yes ☐

Number of Passengers (Including Driver)

☐

Passenger 1

☐

Male ☐ Female ☐

Passenger 2

☐

Male ☒ Female ☐

Passenger 3

☐

Male ☐ Female ☐

Passenger 4

☐

Male ☐ Female ☐

Passenger 5

☐

Male ☐ Female ☐

Details of Police Action

Was the accident reported to the police?

No ☒ Yes ☐

If Yes, Please state which Police Station

☐

Was notice of intended Prosecution given?
NO If Yes, against whom?

No ☒ Yes ☐

☐

Circumstances of Accident

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Attachment(s)

Are accident photos available for attachment? No ☒ Yes ☐
Was there any video captured by Car Camera? No ☒ Yes ☐
Was there any audio recorded? No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA 93421D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	Mr Somasundaram Ramgurunurthy
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	
NRIC/Passport Number	NA
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Was there any witness? No ☐ Yes ☐

Name	
Phone Number	
Email Address	


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.



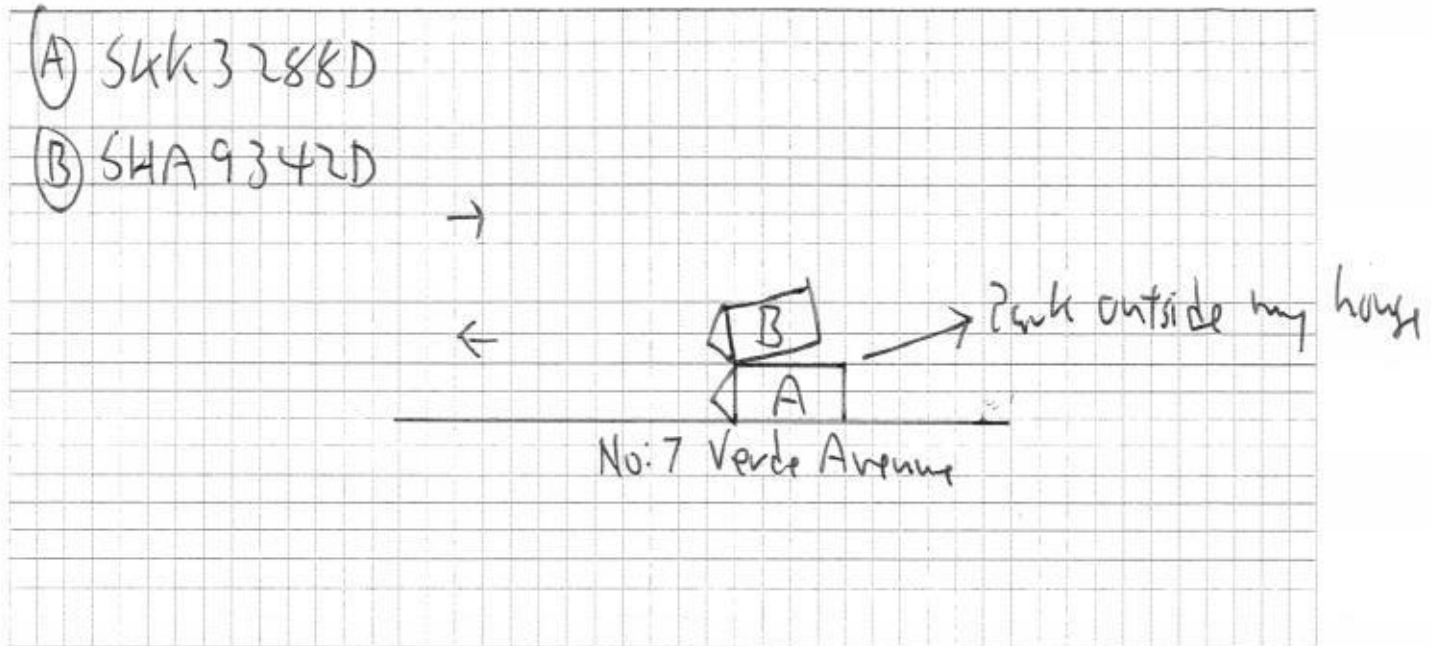
Policyholder's Signature
Date & Time

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① 'A' vehicle park stationary outside owner house 7 Verde Avenue.
- ② 'B' vehicle collided 'A' vehicle front right side.
- ③ 'A' vehicle owner is not at home, 'A' vehicle neighbours came out to assist taking 'B' vehicle particular
- ④ No one was injure and 'B' vehicle driver ask me to claim his insurance.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

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

26/11/18

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