

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	29/11/2018 17:25
Date Of Accident	29/11/2018 09:15
Exact Location Of Accident	MAXWELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EU138S
Insured/Policyholder	
Name Of Registered Owner	SKADING ANNE
NRIC No	S1426735B
Email Address	MSGERIC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97945979
Alternative Phone No	OFFICE-97945979

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 R-LINE 110 (DSG)
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	GA173610/1
Cover Note Number	

Driver

Name of Driver	YEO KIAN SENG
NRIC No	S1287394H
Date Of Birth	22/01/1958
Occupation	INDOOR
Date Of Driving Pass	31/07/1976
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97945979
Fax Number	
Contact Number	
Email Address	MSGERIC@GMAIL.COM

Address	10 ANSON ROAD #49-08
Postcode	079903
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	CLEAR
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: : SKADING ANNE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINA BAY N.P.C
Police Station Address	ROAD: 1 PRINCE EDWARD LINK , POSTCODE: 078872 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND ATTACHMENT

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	YN9985D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	CHINNARASU SIVAJI
NRIC/Passport Number	G7153730M
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

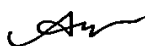
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8. Consent under the Personal Data Protection Act (PDPA)

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 Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

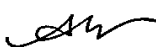
Please refer to attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please refer to attachment

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:



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

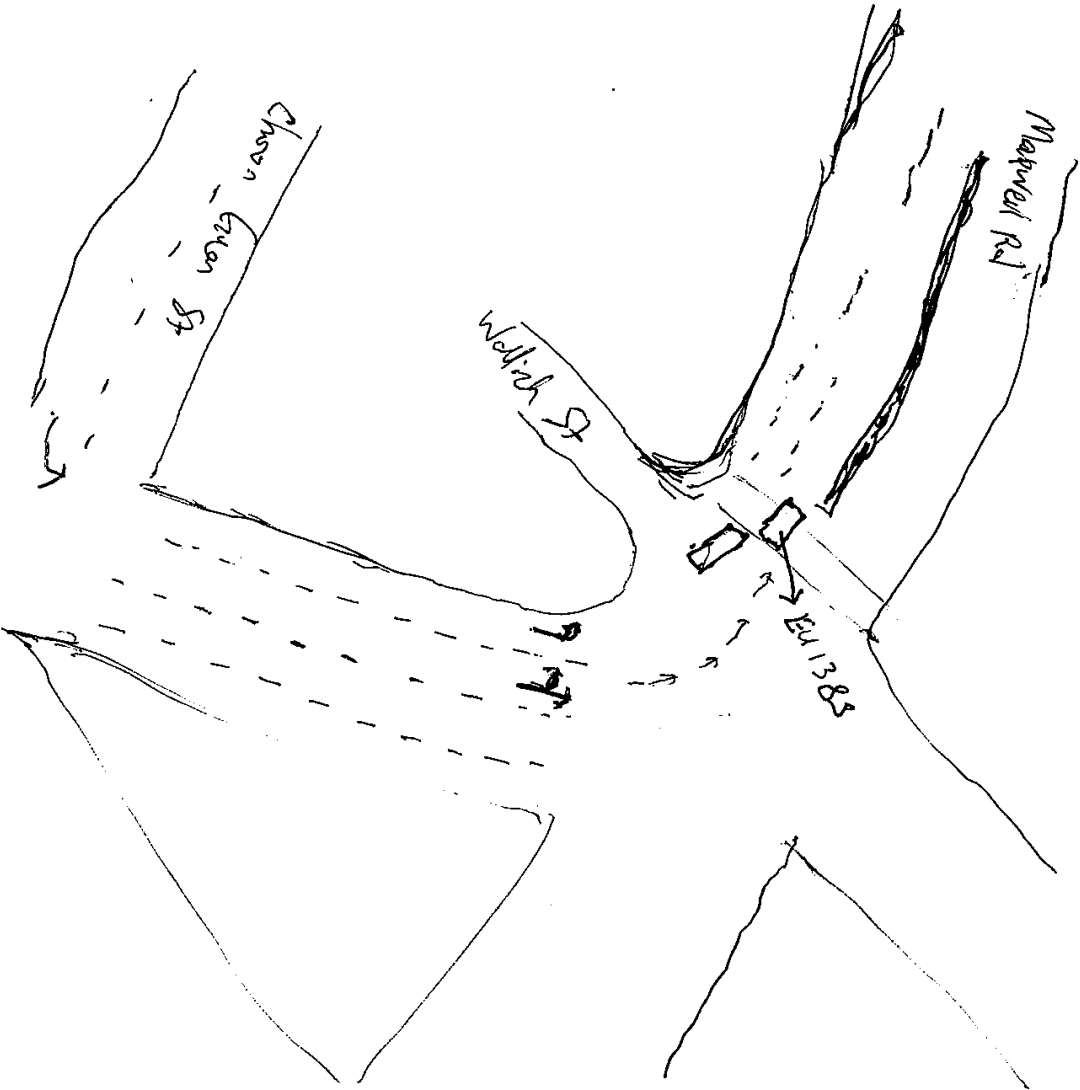
At about 9.15am, I was driving my car with my wife sitting on the left. We were on the right lane of Chorn Guan St to turn onto Cecil St. Main Road clear with left signal on, I drove ~~off~~ ~~into~~ onto the 2nd left lane of Cecil St. This lane is a straight and turn left lane to turn into Maxwell Road. As I approach the traffic light junction, left signal on, I slowed down to observe whether anyone pedestrian is crossing although I saw the red man pedestrian crossing light is lighted. I took a wider turn to allow my ~~left~~ left vehicle to turn. Next thing I know, I felt a strong knock on my left side. I moved the car ~~to~~ to the left and stopped in front of the truck driven by an Indian that hit my car. I came out ^{of my car} to see the damage. I took the pictures of the truck that hit me and the damage done to my car. The Indian driver had driven his truck's right headlight and knocked into my left rear side door and the rear wheel mudguard/panel body. I asked for his particulars and after several times then he produced his driving licence. I took a picture. We told him to contact his employer and waited from 9.15am till the arrival of the Traffic Police Car at 10.15am. The Indian driver's employer still did not turn up. The Traffic Police Officer then took charge.

Incident No:- A/20181129/065

Indian driver licence: G7153730M

Truck No: YN 9985 D

Indian Name: Chinnarasu Sivaji



Annex D

NOTICE OF REPORTING

This is to confirm that YEO KIAN SENG, NRIC/FIN S1287394H, has reported to the Police a non-injury traffic accident which occurred at Maxwell Road, on 29/11/2018 at 0915hrs am/pm involving the following vehicles:

1. Complainant's Particular: Yeo Kian Seng
NRIC: S1287394H
Vehicle: EU138S

2. Driver's Particular: Chinnarasu Sivaji
FIN: G7153730M
Vehicle: YN9985D

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (2) Joey Ng

Date: 29/11/2018 Time: 1424hrs

S/D Ref: 15

Police Post/Unit : Marina Bay Npc, Alpha



Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

