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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding 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	04/01/2019 16:11
Date Of Accident	04/01/2019 13:00
Exact Location Of Accident	ONE NORTH LINK & BIOPOLIS ROAD CROSS JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK4177J
Insured/Policyholder	
Name Of Registered Owner	MARK LESLIE LYLE RATHBONE
NRIC No	S7366713E
Email Address	MARK.RATHBONE@SG.PWC.COM
Mobile Phone No	(LOCAL) +65-96753514

OFFICE-91113598

Alternative Phone No **Vehicle Particulars**

TOYOTA Manufacturer

Model PREVIA-2.4 7-SEATER (A)

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA067972/1

Cover Note Number

Driver

Name of Driver FRANCESCA MARIE RATHBONE

NRIC No S7566134G Date Of Birth 19/07/1975 Occupation INDOOR **Date Of Driving Pass** 21/06/2007

Driving Experience 11 YEARS AND 6 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91113598

Fax Number

Contact Number

EMail Address FRANCESCA.RATHBONE@GMAIL.COM Address 251 HOLLAND ROAD

Postcode 278600

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 COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AT THE ABOVE MENTIONED DATE AND TIME, I WAS TRAVELLING IN MY VEHICLE SKK4177J ALONG ONE NORTH LINK. I WAS DRIVING STRAIGHT IN THE RIGHT HAND LANE APPROACHING A CROSS JUNCTION (BIOPOLIS ROAD). AS I WAS APPROACHING CROSS JUNCTION, VEHICLE B SLC8301X CAME FROM BIOPOLIS ROAD, I SOUNDED MY HORN BUT THE CAR (VEHICLE B) KEPT MOVING TOWARDS AND OVER THE CENTRAL RESERVATION. I SWERVED TO TRY TO AVOID COLLISION AND APPLIED MY BRAKES BUT THE CAR (VEHICLE B) KEPT MOVING FORWARD AND SO COLLIDED TO MY FRONT RIGHT WHEEL AND MY TRAJECTORY WAS THEN SUCH THAT MY CAR MOUNTED THE OPPOSITE CURB. I HIT MY HEAD AGAINST THE DRIVER'S SIDE CAR DOOR FRAME. I CONTINUED TO APPLY MY BRAKES AND THEREFORE MANAGED TO STOP MY CAR ONCE I WAS ON THE CURB. I NOTICED WHEN THE DRIVER OF VEHICLE B (SLC8301X) GOT OUT OF HIS VEHICLE, HE WAS QUITE OLD PROBABLY OVER 80 YEARS OLD AND SQUINTING AT HIS PHONE CLOSE UP TO HIS EYES TO SEE IT WHEN MAKING CALLS FOR EMERGENCY ASSISTANCE. I QUESTIONED WHETHER HE COULD SEE WELL ENOUGH TO BE DRIVING.

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 Witness 1

Name NAVNEET JAGANNATHAN

Phone Number 94884248

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC8301X
Vehicle Make/Model/Colour TOYOTA VIOS

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

LIM AH HUAT S1173724B



SKETCH PLAN

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- By the lodgment 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.
- 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)
 - (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
- 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

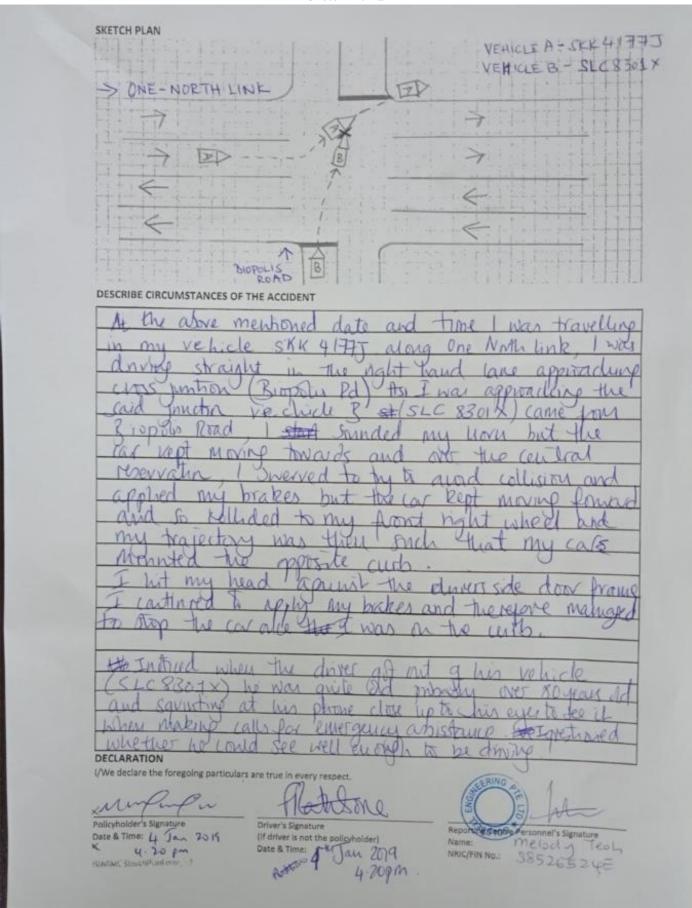
(ii) for complying with requirements under any regulations, laws or court orders.

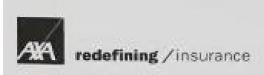
Date & Time:

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NRIC/FIN No.:







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Driving License



Identification Card



Identification Card



