

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	12/01/2019 10:09
Date Of Accident	11/01/2019 19:55
Exact Location Of Accident	MOHD SULTAN ROAD X RIVERVALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW74T
Insured/Policyholder	
Name Of Registered Owner	WEE GUAN OEI DESMOND
NRIC No	S7027722J
Email Address	DESMOND.WEE22@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96950884
Alternative Phone No	OTHERS-98193615

Vehicle Particulars

Manufacturer	BMW
Model	X5
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	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	UNAVAILABLE
Cover Note Number	

Driver

Name of Driver	SHARMILA NAIR
NRIC No	S7039216Z
Date Of Birth	08/11/1970
Occupation	INDOOR
Date Of Driving Pass	29/03/1988
Driving Experience	30 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98193615
Fax Number	(LOCAL) +65-96950884
Contact Number	
Email Address	SHARMILA.NAIR@GMAIL.COM

Address	1 JALAN ARNAP
Postcode	249307
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 (including own vehicle) 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)	4
Passenger 1	NAME: : WEE GUAN OEI DESMOND GENDER: : MALE
Passenger 2	NAME: : TARA YEN WEE GENDER: : FEMALE
Passenger 3	NAME: : KIERAN YI WEE GENDER: : MALE

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 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	XD8087S
Vehicle Make/Model/Colour	LORRY
Details Of Properties	NO VISIBLE DAMAGE
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOTTAINATHAN KALEESWARAN
NRIC/Passport Number	G7492340U
Contact Number	98435531

Address

Postcode

Insurance Company Name

LONPAC INSURANCE BHD

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.

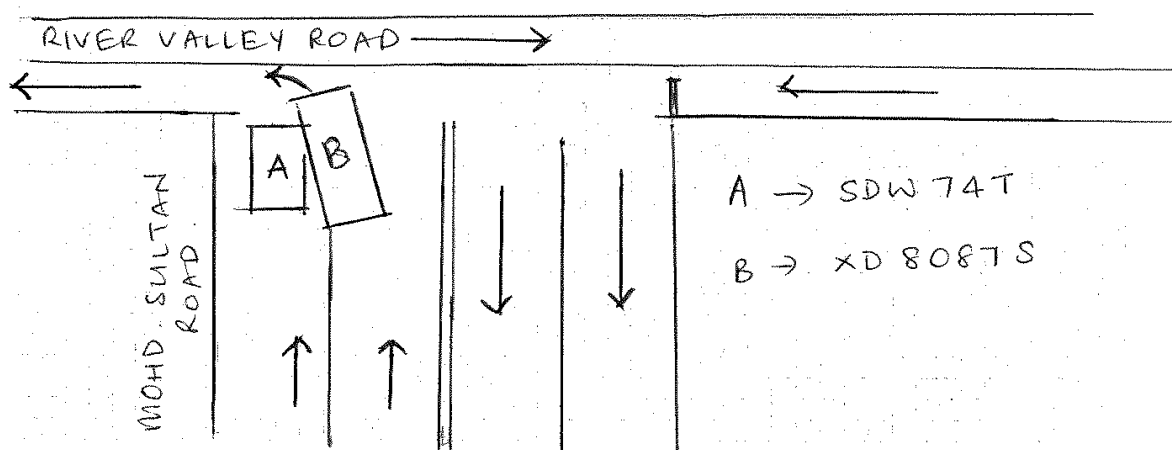
Policyholder's Signature
Date & Time:

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

12.1.2019
9 05am.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG MOHD. SULTAN ROAD WITH MY HUSBAND + 2 CHILDREN AT ABOUT 7:52 PM ON 11 JANUARY 2019.

ON APPROACHING THE JUNCTION OF MOHD. SULTAN ROAD AND RIVER VALLEY ROAD, I STOPPED AT THE JUNCTION. IT IS A TWO-LANE ROAD. THERE WAS A LORRY REGISTRATION NO. XD 808TS ON THE RIGHT-HAND LANE + I WAS DRIVING ON THE LEFT HAND LANE. AT THE JUNCTION, THERE WAS A VEHICLE IN FRONT OF ME. THAT VEHICLE MOVED OFF TO TURN LEFT WHEN THE TRAFFIC WAS CLEAR.

BEFORE I COULD MOVE (MY CAR WAS STATIONARY), VEHICLE XD 808TS PROCEEDED TO TURN. HOWEVER, INSTEAD OF KEEPING TO HIS LANE, HE TURNED HIS LORRY INTO MY LANE, CAUSING HIS VEHICLE TO LOLLIDE INTO MINE AND BUMPED MY VEHICLE OUT OFF MY LANE TO PARTIALLY MOUNT THE KERB ON THE LEFT.

THE EXTENT OF THE INTRUSION INTO MY LANE WAS SO SEVERE THAT MY REAR BUMPER HAD WEDGED INTO HIS TYRES, CAUSING EVEN MORE SEVERE DAMAGE DURING

DECLARATION

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

THE EXTRACTION TO ENABLE HIM TO DRIVE OFF.

 Policyholder's Signature
 Date & Time:

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 12.1.2019
 9.25am

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

SKETCH PLAN

This image shows a full page of blank graph paper. The grid consists of small, evenly spaced squares formed by thin black lines. There are no margins, text, or other markings on the page.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE DRIVER GOT OUT OF HIS LORRY TOGETHER WITH HIS FRONT SEAT PASSENGER AND APOLOGISED FOR HIS ACTIONS. HE ADMITTED THAT THE ACCIDENT WAS CAUSED BY HIM.

HE WAS FERRY SOME FOREIGN WORKERS AT THE TIME OF THE ACCIDENT.

DECLARATION

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

Policyholder's Signature

Date & Time:

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Driver's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time:
12.1.2019

9.25am

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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