

## 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	21/01/2019 18:00
Date Of Accident	21/01/2019 13:05
Exact Location Of Accident	CLEMENTI WEST ST 2 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1520M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TERENCE LOW
NRIC No	S8309170C
Email Address	TERENCELOW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81393310
Alternative Phone No	OTHERS-81393310

### Vehicle Particulars

Manufacturer	BMW
Model	X1
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	C0091418
Cover Note Number	

### Driver

Name of Driver	TERENCE LOW
NRIC No	S8309170C
Date Of Birth	21/03/1983
Occupation	INDOOR
Date Of Driving Pass	30/05/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81393310
Fax Number	
Contact Number	OTHERS-81393310
Email Address	TERENCELOW@HOTMAIL.COM

Address	61 CHESTNUT AVENUE #10-07
Postcode	679522
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	COLLISION - HEAD TO REAR
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: : GAN YUE SEM GENDER: : MALE
Passenger 2	NAME: : GRACE CHEN GENDER: : FEMALE
Passenger 3	NAME: : SIEW KHIM SEAH 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 ATTACH.

#### Attachment(s)

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

#### Details of Witness 1

Name	GAN YUE SEM
Phone Number	97801730
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ5841Z
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Vehicle Make/Model/Colour	VOLVO COLOUR BRONZE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DON LOW
NRIC/Passport Number	
Contact Number	96880619
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

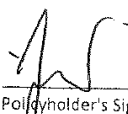
### SKETCH PLAN

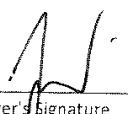
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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) 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.

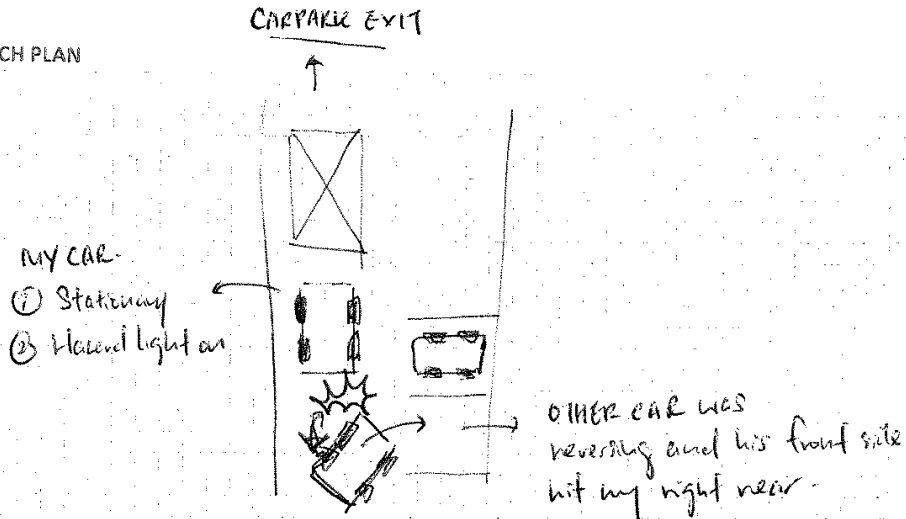
  
Policyholder's Signature  
Date & Time: 21/11/19  
1645LWS.

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/11/19  
1645LWS.

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

@ 1303 hrs on 21 Jan. 2019 @ Clementi West St 2 public carpark, I turned on my hazard lights to alert a friend to retrieve his car; As the car came to a stop and as my friend opened the car door to alight, my rear bumper was contacted by an impact with large sound. As we (myself and my passengers) alighted from my vehicle to find out what happened, we realized that the other vehicle (SKJ 58412) had reversed into my rear as he was parking his vehicle.

~~There were no visible~~ The impact on his vehicle was on his front right (next to the front right wheel) but there were no visible signs of damage. The damage on my car were scratches on the right bumper and dislocation on the lower bumper.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 21/1/19.  
1645 hrs.

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/1/19.  
1645 hrs.

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





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: S66SS0020G / 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 : MPML19010122 Vehicle Registration No: SMH1520M  
Name (as shown in NRIC) : TERENCE LOW NRIC/FIN/Passport No : S8309170C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 61 CHESTNUT AVENUE #10-07 Singapore 679524  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 81393310  
Email Address : TERENCELOW@HOTMAIL.COM  
Date of Accident : 21/01/2019 Time of Accident : 13:05 HRS  
Place of Accident : CLEMENTI WEST ST 2 CARPARK  
Insurance Company : AXA INSURANCE PTE LTD.

**(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:

I have hereby decided to claim against the third party.

Policyholder / Driver's Signature  
Date: 22/1/19

Reporting Centre Personnel's Signature  
Name: CHEN DO KEM M2  
NRIC/FIN No.: S27294215  
Date: 22/01/19