

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	18/02/2019 16:05
Date Of Accident	16/02/2019 16:00
Exact Location Of Accident	CORONATION WALK NEAR CORONATION PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN7180M
Insured/Policyholder	
Name Of Registered Owner	NIRMAL SINGH
NRIC No	S2691054D
Email Address	NSINGH9328@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98199328
Alternative Phone No	HOME-64661403

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.2 (A7) TSI (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1602687
Cover Note Number	

Driver

Name of Driver	NAINIKA SINGH
NRIC No	S9472132F
Date Of Birth	24/02/1994
Occupation	INDOOR
Date Of Driving Pass	04/09/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91192402
Fax Number	
Contact Number	HOME-64661403
EEmail Address	NAINIKA_SINGH@HOTMAIL.COM

Address	69 DUCHESS AVENUE
Postcode	269130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	1

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 SKETCH PLAN

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	SGU8632E
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH KIAN JENG
NRIC/Passport Number	S7612075G
Contact Number	96805740
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: ~~SKN~~ 7180 M
Veh B: SGV 8632E

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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.

** I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY.I WILL CHECK MY POLICY FOR MORE DETAILS.

Nirmal Singh

Policyholder's Signature

Date & Time:

18/2/2019, 1 pm

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/2/2019, 1 pm



[Signature]

Reporting Centre Person's

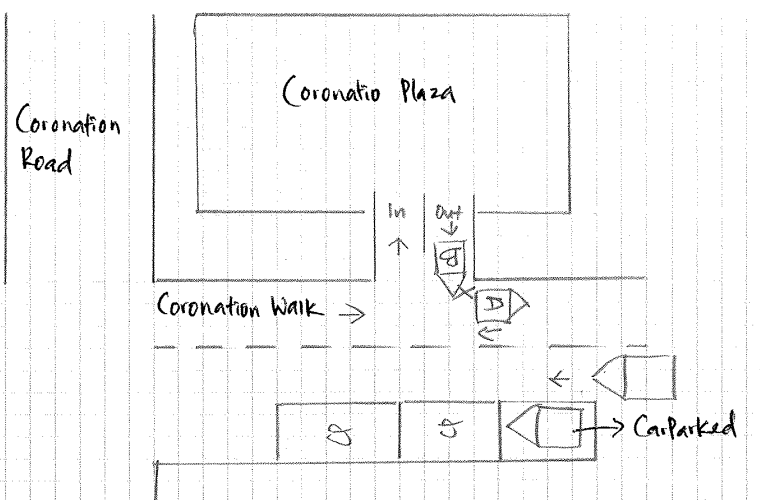
Name:

NRIC/FIN No.:

SKETCH PLAN

Veh A: SKN 7180M

Veh B: SGV 8632E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After turning into Coronation Walk, I was looking to move further down the lane to see availability of designated road-side parking. After passing the entry of Coronation car park, I saw that the vehicle in front of me was trying to drive out from the other lane. As cars parked along that side of the lane prevented him/her from doing so, I thought to reverse to let the driver pass before I proceeded. Doing so, the rear of my car hit the car B which was exiting the car park, making a right turn. This caused a scratch on his car's bumper and the rear of my car.

DECLARATION


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

Nirmal Singh

Policyholder's Signature

Date & Time:

18/2/2019, 1 pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/2/2019 / 1 pm



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

