

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	02/03/2019 15:02
Date Of Accident	01/03/2019 22:00
Exact Location Of Accident	PIE TOWARDS BKE AROUND 22KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2944U
Insured/Policyholder	
Name Of Registered Owner	PANNEERSELVAN S/O K GOVINDASAMY
NRIC No	S1220365I
Email Address	GPSELVAN@SP.EDU.SG
Mobile Phone No	(LOCAL) +65-98414158
Alternative Phone No	OFFICE-98414158

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2114822
Cover Note Number	

Driver

Name of Driver	PANNEERSELVAN S/O K GOVINDASAMY
NRIC No	S1220365I
Date Of Birth	02/07/1956
Occupation	INDOOR
Date Of Driving Pass	08/09/1989
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98414158
Fax Number	
Contact Number	OFFICE-98414158
EEmail Address	GPSELVAN@SP.EDU.SG

Address	BLK 22 MARSILING DR #11-131 SINGAPORE
Postcode	730022
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	CHAIN COLLISION
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	3
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: : MALIGA D/O VELUSAMY 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

SEE ATTACH SKETCH PLAN & STATEMENT

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	SJE4245P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LING KIONG MING
NRIC/Passport Number	S1638487I
Contact Number	96249685
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGK8138T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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 willful 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. The 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 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.

Atchavan 2/3/19
Policyholder's Signature
Date & Time: 10:15 am

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Travelling on PIE towards BKE
- 1) I filter from 3rd Lane to the 4th lane.
 - 2) After... checking the rear to see that there is no vehicle & the traffic is clear, I change to the 4th lane but the car in front (4th lane) suddenly brake.
 - 3) Although I applied my brake but somehow touches his rear.

DECLARATION

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

Sketch Plan #3

ANNEX A

MOTOR ACCIDENT REPORT FORM

DETAILS OF OTHER VEHICLE PROPERTY 2	
Vehicles Registration No.: SGK 8138T	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver:	NRIC/Passport Number:
Contact Number:	
Address:	(Post Code:)
Insurance Company Name:	
Nature of Damage:	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF OTHER VEHICLE PROPERTY 3	
Vehicles Registration No.:	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver:	NRIC/Passport Number:
Contact Number:	
Address:	(Post Code:)
Insurance Company Name:	
Nature of Damage:	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF OTHER VEHICLE PROPERTY 4	
Vehicles Registration No.:	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver:	NRIC/Passport Number:
Contact Number:	
Address:	(Post Code:)
Insurance Company Name:	
Nature of Damage:	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF INJURED PERSON 1	
Name	
Address	
Post Code	
Approximate Age	
Injuries Sustained	
Injured person in which vehicle	
Were seat belts worn?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Were injured conveyed to hospital by ambulance?	No <input type="checkbox"/> Yes <input type="checkbox"/>
DETAILS OF INJURED PERSON 2	
Name	
Address	
Post Code	
Approximate Age	
Injuries Sustained	
Injured person in which vehicle	
Were seat belts worn?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Were injured conveyed to hospital by ambulance?	No <input type="checkbox"/> Yes <input type="checkbox"/>

30 April 2010

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

