

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	15/03/2019 15:30
Date Of Accident	15/03/2019 08:50
Exact Location Of Accident	YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9005K
Insured/Policyholder	
Name Of Registered Owner	SU CHAI SIM
NRIC No	S7832120B
Email Address	CSSU.MAIL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98373043
Alternative Phone No	OTHERS-62450117

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (A)
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	VPA/P1944522
Cover Note Number	

Driver

Name of Driver	SU CHAI SIM
NRIC No	S7832120B
Date Of Birth	26/10/1978
Occupation	INDOOR
Date Of Driving Pass	30/10/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98373043
Fax Number	
Contact Number	OTHERS-62450117
EMail Address	CSSU.MAIL@GMAIL.COM

Address	BLOCK 219 TAMPINES STREET 24 #05-44
Postcode	520219
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)	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

PLEASE REFER TO THE ATTACHED SKETCH PLAN & VIDEO FOOTAGE FOR THE CIRCUMSTANCE OF ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4817T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG CHENG HUAT
NRIC/Passport Number	S0227225C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DSMCA: JOE TAN

MOTOR ACCIDENT REPORT

Date Of Report: 15/03/19 Time: 1245 Date Of Accident: 15/03/19 Time: 0847Exact Location Of Accident: Yio Chu Kang RoadCountry/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SSN9005K Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: S7832120BName Of Registered Owner: SU CHAI SSIMMobile Number: 98373043 Alternative No: 62450117 Email Address: CSSU.mail@gmail.com

Vehicle Particulars

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model: WishExact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

Insurance Company

Name of Insurance Company: AXAType Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: VPA/P1944522

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: SU CHAI SSIM NRIC/ Passport / FIN No: S7832120BDate Of Birth: 26/10/1978 Occupation: Indoor ☒ Outdoor ☐Date Of Driving Pass: 30/10/2000 Gender: Male ☒ Female ☐Mobile Number: 98373043 Fax No: Alternative No:Address: BLK 214, TAMPINESS ST 24, #05-44 S52019 Postal Code:

Email Address:

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured: owner

Vehicle Registration Number of Driver's Own Vehicle (if applicable):

Insurance Company of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Rear collisionNumber of Passengers in the above vehicle (Including Driver): 1 / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: Gender: Male ☐ Female ☐Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):Was any body injured in the Accident? No ☒ Yes ☐Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:Number of vehicles involved in the accident: 02Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below

Witness Name: Contact No.: Email:

Was there any other vehicle or property damaged? No ☒ Yes ☐Was there any video captured by Car Camera? No ☐ Yes ☒ Are accident scene photos available for attachment? No ☐ Yes ☒Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: SHD 4817T Vehicle Make/Model/Colour:

Details Of Properties Damage in Accident:

Vehicle Category:

Name of Driver: NG CHENG HUATNRIC/Passport/FIN Number: S0227225C Contact Number:

Address: Postal Code:

Insurance Company Name:

Nature Of Damage: No. Of Passenger (Including Driver):

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

15/03/14 1245

A-SJW 9005K

B-SHD 4817T

Yio Chu Kang Road

A B

←

I was driving along Yio Chu Kang Road and the traffic was heavy. My vehicle stopped and the comfort taxi, SHD4817J, collide with my vehicle from behind

We declare the foregoing particulars are true in every respect.

Jim - 15/03/19
1245

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel