

## 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	21/03/2019 16:46
Date Of Accident	20/03/2019 16:30
Exact Location Of Accident	15 WAN LEE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC2209D
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#### Insured/Policyholder

Name Of Registered Owner	TAN WEI CHIN
NRIC No	S7141227Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92720045
Alternative Phone No	OFFICE-NOPHONE

#### Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY-1.6 EX (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?	NO
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	PRIVATE CAR
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#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1721410
Cover Note Number	

#### Driver

Name of Driver	TAN WEI CHIN
NRIC No	S7141227Z
Date Of Birth	06/11/1971
Occupation	INDOOR
Date Of Driving Pass	27/09/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92720045
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	BLK 117A RIVERVALE DRIVE #10-78
Postcode	541117
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	COLLIDED INTO PARKED VEHICLE
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 ATTACH 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	SMG3659P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LINDA
NRIC/Passport Number	
Contact Number	96699383
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### NOTICE

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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: 2 Mar/19 1630hrs.

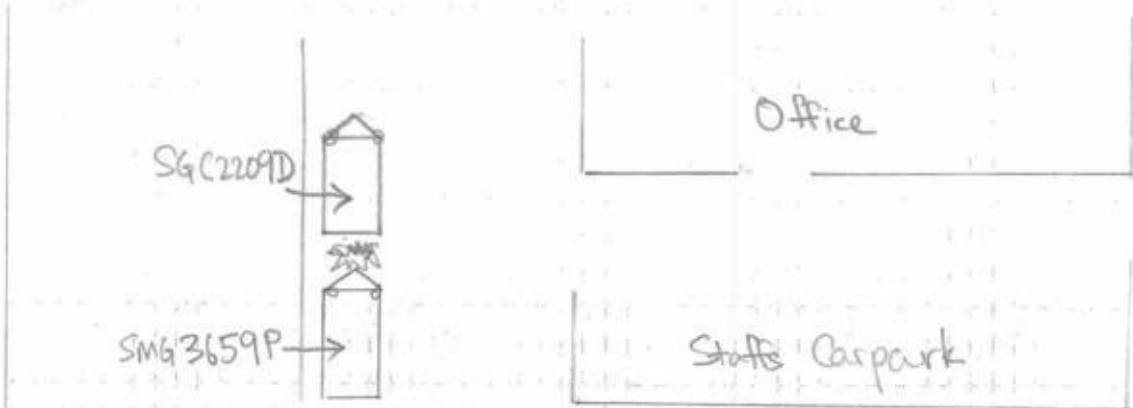
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

CONFORTDELORO ENGINEERING PTE LTD  
EXTERNAL BUSINESS DIV. KINOKA BRANCH  
NAME & SIGNATURE:   
DESIGNATION: DATE: 2/3/19

Reporting Centre Personnel's Signature  
Name: Chan Chee Keng  
NRIC / Fin No.: S26111111

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a fine sunny day, the road condition was dry. I was opening my car's driver seat door and looked behind my car to check whether any car/object is behind my car, nothing was behind my car. I then started my car engine and reverse, and suddenly hit on a car behind me. The 3rd party driver then assess and took some photos & my Driver's details.

### IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide **within 21 days** of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

### DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time

21 Mar '19 1630hrs

*N.A.*

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

CONFORTDELQRO ENGINEERING PTE LTD  
EXTERNAL BUSINESS DIV. RAJAGAL BRANCH

NAME & SIGNATURE: *[Signature]*  
DESIGNATION: *[Signature]* DATE: 21/3/19

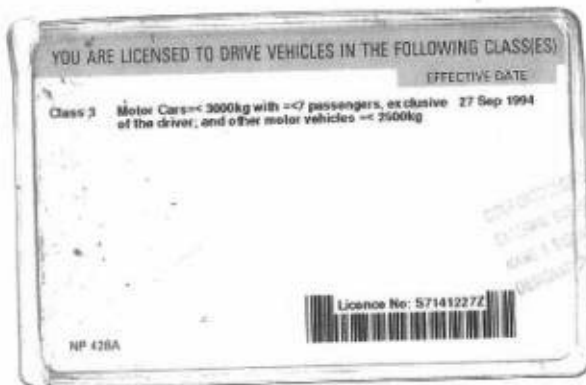
Reporting Centre Personnel's Signature  
Name: *Chen Che Hui*  
NRIC / Fin No: *61601721V*

Page

# INSURED IC AND LICENCE



CONFIDENTIAL DOCUMENTS PTE LTD  
 EXTENDING SERVICES BY: TIGER BRAND  
 NAME & SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## Addendum Sheet



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: S6650020G / 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 : MC10 719 037 545-01 Vehicle Registration No : S6C 220 9 D  
Name (as shown in NRIC) : Tan Wei Chih NRIC/FIN/Passport No : S714 12272  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk. 1174 A Rivervale Drive Singapore ( )  
Contact (Tel) : 9272 0045 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : \_\_\_\_\_ Time of Accident : \_\_\_\_\_  
Place of Accident : \_\_\_\_\_  
Insurance Company : \_\_\_\_\_

#### (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:

Amend Insured name which is "Tan Wei Chih" not  
"Tan Wei Chin"

  
Policyholder / Driver's Signature  
Date: 21 Mar '19

CONFORTRECORD ENGINEERING PTE LTD  
EXTERNAL ADDRESS DIV. RAJDAH BRANCH  
NAME & SIGNATURE:   
DESIGNATION: \_\_\_\_\_ DATE: 21/3/19

Reporting Centre Personnel's Signature  
Name: Chen Chen Heng  
NRIC/FIN No.: G2601172R  
Date: 21/3/19