

## 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	01/04/2019 16:59
Date Of Accident	31/03/2019 22:30
Exact Location Of Accident	CIQ SULTAN ABU BAKAR INTO SINGAPORE
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4972P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GO HUI CHING
NRIC No	S7777332J
Email Address	PEGDNZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96816140
Alternative Phone No	OTHERS-96816140

### Vehicle Particulars

Manufacturer	BMW
Model	216GT
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	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	GA353356/1
Cover Note Number	

### Driver

Name of Driver	LUKE ROY TAN TOR LOY
NRIC No	S7518028D
Date Of Birth	07/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	27/09/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98503338
Fax Number	
Contact Number	
Email Address	LUKEROYTAN@HOTMAIL.COM

Address	228A COMPASSVALE WALK #16-330
Postcode	541228
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BOYFRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	1
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: : GO HUI CHING 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
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ8493M
Vehicle Make/Model/Colour	FORD KUGA BROWN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAZLAN BIN HASSAN
NRIC/Passport Number	S1756547H
Contact Number	93370513
Address	219 PASIR RIS ST 21 #11-162
Postcode	510219
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT
No. Of Passenger (Including Driver)	4

Passenger 1	NAME:	:
	GENDER:	:
Passenger 2	NAME:	:
	GENDER:	:
Passenger 3	NAME:	:
	GENDER:	:


**SKETCH PLAN**


**IMPORTANT NOTICE**

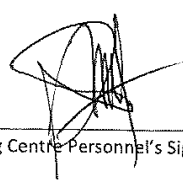
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

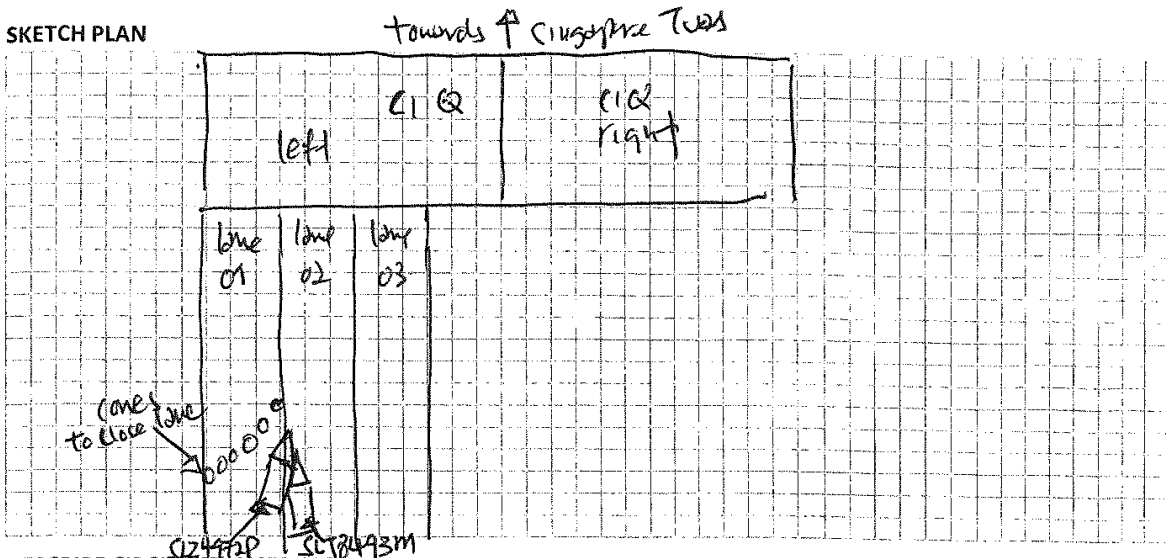
  
Policyholder's Signature  
Date & Time: 1415 hrs  
01-Apr-19

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 01-Apr-19  
1415 hrs.

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31-Mar-19 @ 2230hrs, I was driving on extreme left lane of JB CIQ going into Singapore Ties.

As I was driving on the left lane, the lane was cordoned off so I signalled and switch lane into 2nd lane. I was switching cautiously as it was congested. I managed to switch lane.

However, SLJ 8493M failed to notice and continued to drive straight and thus scratch/wipe into my front ~~left~~ right bumper. His vehicle has a long scratch on the left.

I wish to state that I had the right of way but driver of SLJ 8493M was negligent and failed to give way and look out.

Thank you.

## DECLARATION

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

Policyholder's Signature

Date & Time: 1415hrs

01-Apr-19.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 01-Apr-19  
1415hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo





Accident Photo



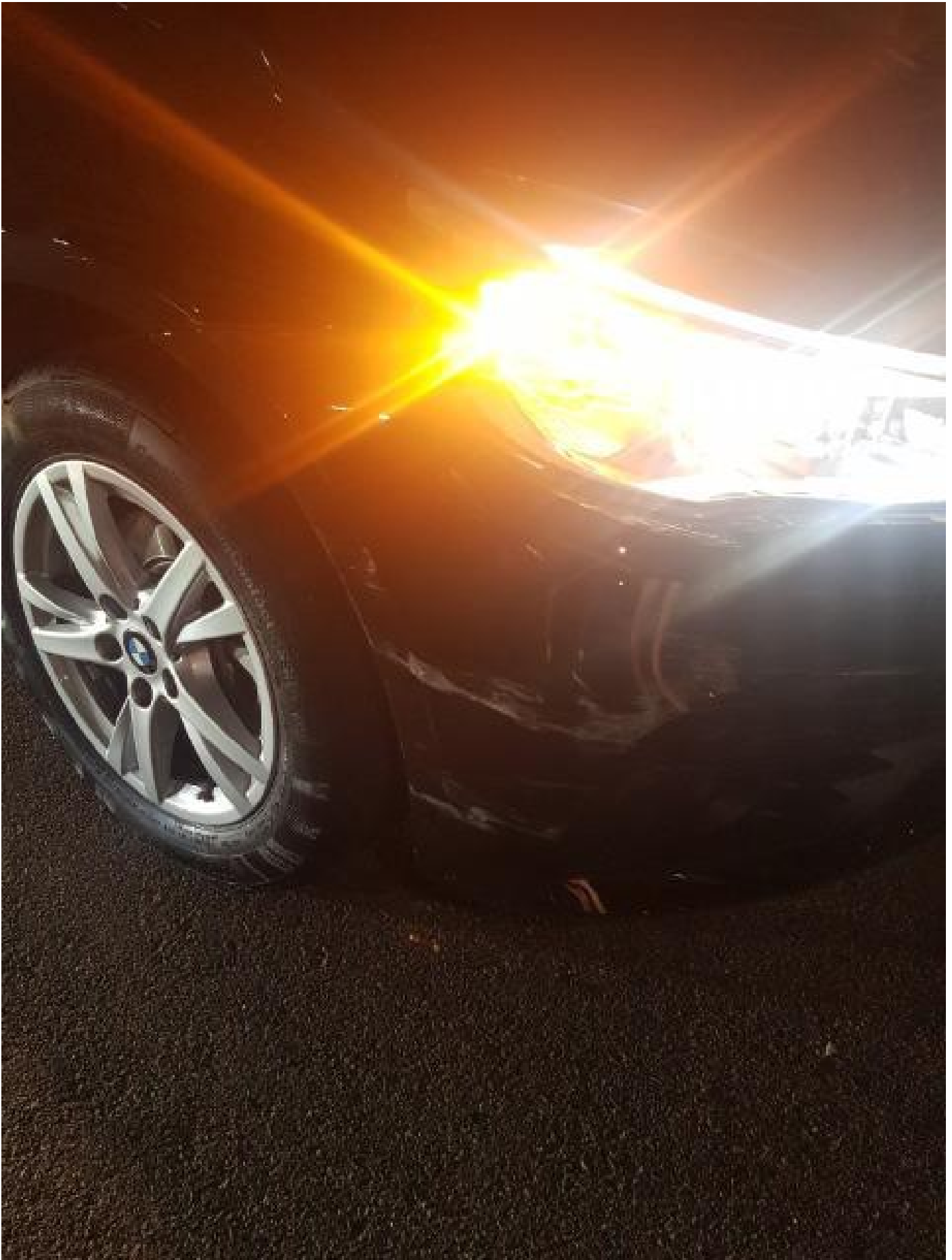
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