

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 ability.
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 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	06/08/2016 12:45
Date Of Accident	06/08/2016 08:40
Exact Location Of Accident	SLIP RD OF BOON LAY WAY TWD JURONG EAST CENTRAL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ5480U
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Insured/Policyholder

Name Of Registered Owner	ANNIE MULIANI BINTE MD YUNOS
NRIC No	S7638966G
Email Address	mimi_yany@yahoo.com
Mobile Phone No	(LOCAL) +65-93887080
Alternative Phone No	Others-93887080

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X LIMITED 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
If No, Please state action to be taken	Reporting Only
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA072698 / 1
Cover Note Number	05/11/2015-04/11/2016

Driver

Name of Driver	ANNIE MULIANI BINTE MD YUNOS
NRIC No	S7638966G
Date Of Birth	18/12/1976
Occupation	Indoor
Date Of Driving Pass	16/04/2004
Driving Experience	12 Years And 3 Months
Gender	Female
Mobile Number	(Local) +65-93887080
Fax Number	
Contact Number	Others-93887080
Email Address	mimi_yany@yahoo.com

Address	BLK 416 JURONG WEST ST 42 #06-781
Postcode	640416
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 (Insured Hit TP)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	6

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

KINDLY REFER TO THE SKETCH PLAN.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR8431Z
Vehicle Make/Model/Colour	TOYOTA VIOS SILVER
Details Of Properties	REAR BUMPER
Name of Driver	TAN LI PHENG
NRIC/Passport Number	S6807726E
Contact Number	98713030
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

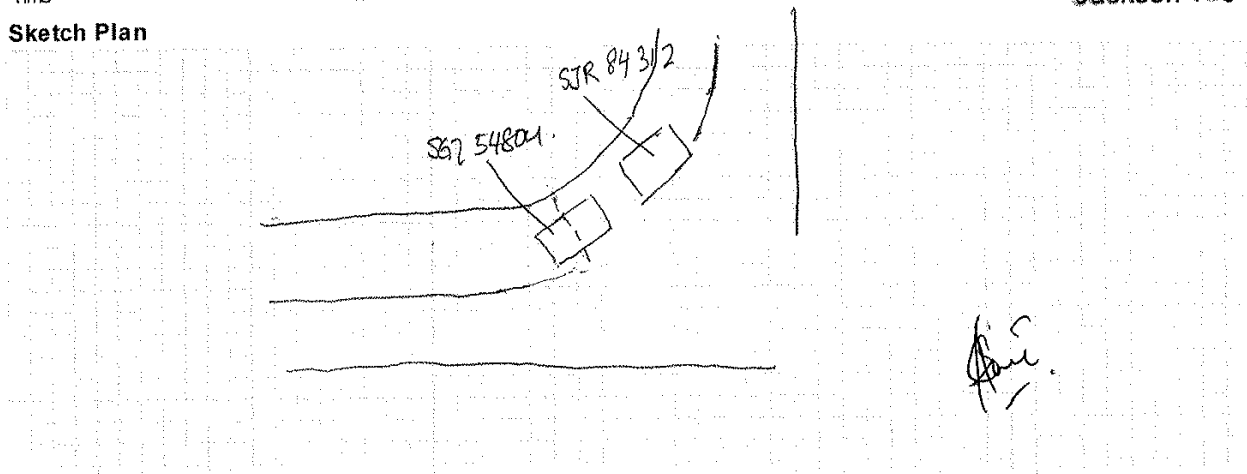
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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.

Paul 06/08/16.
Policyholder's Signature / Date & Time

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

Jackson Teo
Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg.2

Describe Circumstances of the Accident

As I was sending my son to his religious school, taking the usual route. I'm driving along. From Lay Way @ 08:10 hrs ~~arrived~~ on. 06/08/16 and turning ~~into~~ left into ship road to Juvof East Central. As I'm turning ^{left} the vehicle no. SJR 84312 stop in front of me which my vehicle stop behind. ~~of the~~ it.

As I was checking the traffic and incoming car on the right side. It was not car at that point of time and the car in front is moving and turning to the left. When I saw the front car moving and ~~after the~~ across the give way sign, I start to move my car, drive forward slowly and still looking back again on the right and found no incoming vehicle. So I start to proceed to drive and ~~suddenly~~ turned ~~across~~ left across the give way line. Suddenly I heard a bang and found the car in front of me stop without no reason.

Hence, I would like to report as well that the traffic condition was not busy and there were no coming vehicle during I turn left on the ship road. Weather was sunny and not raining.

Thank you.

Sri,

You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

✓	Reporting Only
	Claim OD
	Claim TP
	Claim OD/TP at other workshop

Declaration

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

Sri 06/08/16
Policyholder's Signature / Date & Time

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

Jackson Teo
Witnessed by Reporting Centre Personnel
Jackson Teo

ETHOZ



Date: 06/08/2016.

To: Owner of Vehicle Number: SG25480U

The following has been advised to you via your workshop, ETHOZ PROTECT PTE LTD through their staff, Jackson Teo.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ (✓) You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
 - ☒ (✓) You had been advised by the workshop on the liability and merits of the case accordingly.
 - ☒ (✓) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
 - ☐ () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
 - ☐ () The Estimation waiting time for the spare parts to arrive is _____.
The estimated arrival time does not include the repair period.
 - ☐ () You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
 - ☐ () For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ () You had been advised by the workshop of the Twelve (12) months warranty for **Own Damage** repairs on workmanship related to the accident.
 - ☐ () For Vehicles below Five(5) years old, you have been advised by the workshop to check with the local distributor on your warranty status.
 - ☐ () Others _____

Signed and acknowledge by:

Annie Muliani

Annie 06/08/16.

Name and signature of policyholder/ authorised driver

[Signature]

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

