

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	26/11/2014 14:32
Date Of Accident	25/11/2014 02:30
Exact Location Of Accident	CTE TOWARD BALESTIER

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD626E
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Insured/Policyholder

Name Of Registered Owner	WONG WAI CHING
NRIC No	S2633489F

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.4 (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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1336779
Cover Note Number	

Driver

Name of Driver	WONG WAI CHING
NRIC No	S2633489F
Date Of Birth	13/12/1956
Occupation	Indoor
Date Of Driving Pass	15/12/2011
Driving Experience	2 Years And 11 Months
Gender	Female
Mobile Number	+65-81680001
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	BLK 407 SEMBAWANG DRIVE #07-808
Postcode	750407
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	Raining
Road Surface	Wet

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

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 ATTACHMENT

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

Vehicle Registration Number	SGQ325G
Vehicle Make/Model/Colour	RENAULT MEGANE
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	90616072
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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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

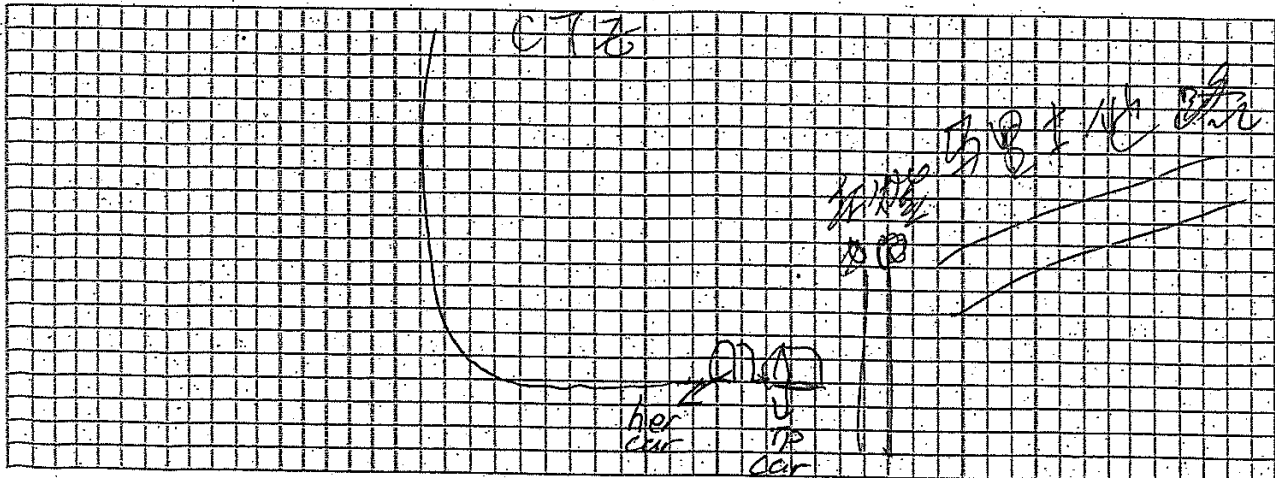
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

mis
Policyholder's Signature / Date & Time

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

26-11-14
Witnessed by Reporting Centre Personnel

Sketch Plan



On 25 NOV 2014 around 2:30pm, I met with an accident near L'E toward boulevier road. As the sky was very dark and raining, I ~~can't~~ couldn't see clearly. There was a traffic light in front of the road, as the traffic light was yellow turning to red light, the car in front of me make a sudden jam brake, I couldn't brake in time and touch his car rear bumper. There was no damage to either car.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

26/11/14

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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 : MCD514138194-01 Vehicle Registration No : 5JD626E
Name(as shown in NRIC): Weng Wei Ching
(*Vehicle Driver, / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S2033489F
Address : Blk 407 Sembawang Drive H07-808 S(750 407)
Contact (Tel): -NIL- (H/P): 8168 0001
(Email): -NIL-
Date of Accident : 25 NOV '2014 Time of Accident : 2:30 hrs
Place of Accident : CTE toward balesfier.
Insurance Company : AXA Insurance Singapore pte Ltd.

(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:

I amend the following third party photos.


Signature of Vehicle Owner / Driver
Date: