

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	03/06/2019 14:41
Date Of Accident	06/05/2019 18:20
Exact Location Of Accident	JUNCTION OF WHITLEY ROAD & UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS946D
Insured/Policyholder	
Name Of Registered Owner	MURAKAMI YOSHIKI
Passport No/FIN	G5867346W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87999395
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	BENTLEY
Model	FLYING SPUR SPEED
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	VPX/P1994241
Cover Note Number	

Driver

Name of Driver	VOO CHI LING
NRIC No	S8286200E
Date Of Birth	30/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	14/09/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81331348
Fax Number	
Contact Number	
EEmail Address	COLLINSVOO82@GMAIL.COM

Address	BLK 225A JURONG EAST STREET 21 #02-789
Postcode	601225
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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)	4
Passenger 1	NAME: : MURAKAMI GENDER: : MALE
Passenger 2	NAME: : TAKATERU GENDER: : MALE
Passenger 3	NAME: : HIROEI 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 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	SHD6323M
Vehicle Make/Model/Colour	RED TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: 818 946D
ACCIDENT DATE: 06/05/19 at 6:20pm

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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.

NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

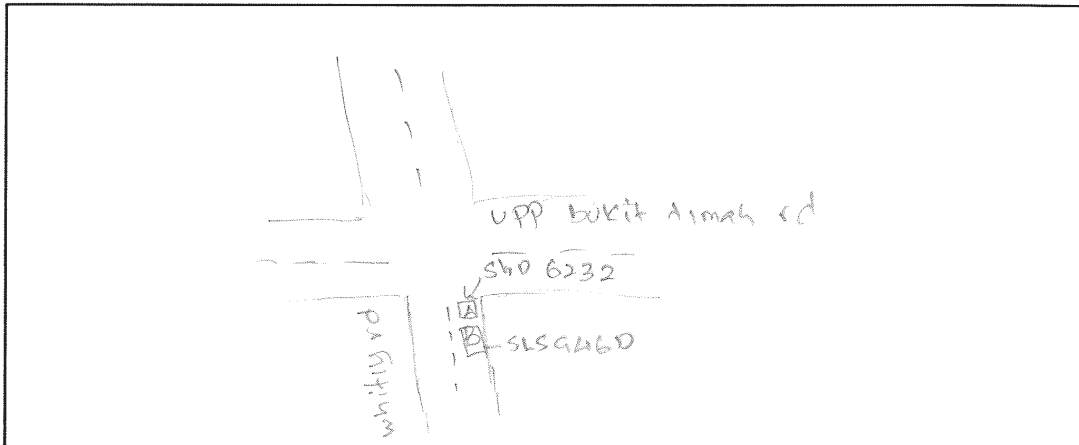
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 6/5/2019 @ 6.20pm I was involve in accident with Taxi driver SHD 6232m. Car A is Taxi and Car B its me. During at The scene we both driver come down and take a look our both car and we found out both car has no damage. at the moment I didnt take any photo But The Taxi driver did take some photo. I didnt take photo it because both car no damage. After that we both did talk and agree that no claiming insurance as car no damage and no body injured. at this conversation with The Taxi driver has bit problem because Taxi driver was speak in Hokkien language and I speak in english. So I assume This was mis-communication.

P/S after a month which is on 1st June 2019. I receive a letter from ~~the~~ ^{my} boss saying that 3rd party want to claim insurance againsts us. The reason we late receive the letter it because my boss was away from Singapore and only come back by 31/5/2019

OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONLY (✓) OWN WORKSHOP ()

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:

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



Annex D

NOTICE OF REPORTING

This is to confirm that VOO CHI LING S8286200E, of 225A JURONG EAST STREET 21 #02-789 SINGAPORE 601225 (HP: 81331348), has reported to the Police a non-injury traffic accident which

occurred ALONG WHITLEY ROAD TOWARDS UPPER BUKIT TIMAH ROAD

on 6/5/2019 at 6.20 PM involving the following vehicles:

- 1) SLS946D
- 2) SHD6323M

I wish to state that I intend to settle the matter privately with the other party.

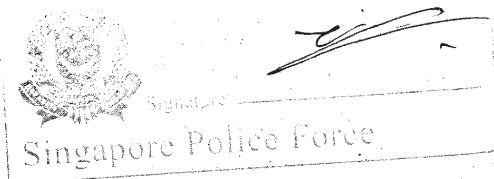
2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

INFORMANT: 

Rank/Name of Issuing Officer: SGT(3) CHUA JUN QIAN 

Date: 1/6/2019 Time: 2.50 PM

Police Post/Unit : TELOK BLANGAH NPP, CLEMENTI DIVISION



Telok Blangah
Neighbourhood Police Post
Blk 51 Telok Blangah Drive #01-116/11E
Singapore 100051
Tel: 1800-272 999 FAX: 6377 2326

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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: S665500206 / 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 : MXC19072123 Vehicle Registration No: SLS 946 D
 Name (as shown in NRIC) : Voo Ching NRIC/FIN/Passport No : S8286200E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : Bik 225 A Jurong East Street 21 # 02-789 Singapore (601225)
 Contact (Tel) : - Mobile No. : 8133 1348
 Email Address : collinsvoo82@gmail.com
 Date of Accident : 06/05/2019 Time of Accident : 18:20
 Place of Accident : Junction of Whitley Road & Upper Bukit Timah Road
 Insurance Company : AXA Insurance 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:

To amend vehicle model and date of driving pass.

Collins
 Policyholder / Driver's Signature
 Date:

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