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 witholding 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

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	ACCIDENT STATEMENT
Date Of Report	27/05/2019 11:10
Date Of Accident	26/05/2019 11:45
Exact Location Of Accident	HOLLAND ROAD - NORTH BUONA VISTA ROAD JUNC
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCQ809J
Insured/Policyholder	

KUOK HUI JANE

PERSONAL USAGE

NRIC No S2675457G

Email Address ASTROGIRLDRECK@GMAIL.COM

Mobile Phone No (LOCAL) +65-96270886 Alternative Phone No OFFICE-96270886

Vehicle Particulars

Name Of Registered Owner

JEEP Manufacturer

Model WRANGLER-3.8 (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?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number VA1/GA172478

Cover Note Number

Driver

Name of Driver **KUOK HUI JANE** NRIC No S2675457G Date Of Birth 24/01/1965 Occupation INDOOR **Date Of Driving Pass** 08/04/1997

Driving Experience 22 YEARS AND 1 MONTH

Gender **FEMALE**

Mobile Number (LOCAL) +65-96270886

Fax Number

Contact Number OFFICE-96270886

EMail Address ASTROGIRLDRECK@GMAIL.COM

15 HOLLAND HILL #03-15 Address

Postcode 278735

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**

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

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver) Passenger 1

NAME: : DOMINIQUE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

NO

NO

REFER TO SKETCH

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? Was there any audio recorded?

NO NO

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL9498G Vehicle Make/Model/Colour **TOYOTA**

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LAM CHEN KHIAN

NRIC/Passport Number S8806886F **Contact Number** 98314336

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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

Lunderstand, 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 forms 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;
- (ii) 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.

Holland Road

(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.

11. (Dam 27 Man 2019 Driver's Signature (If driver is not the policyholder) / Date

Policyholder's Signature / Date &

& Time

Winessed by Reporting Personnel

Sketch Plan

North Buona Vista Road

Sketch Plan #2

Describe Circumstances of the Accident
on 26 May 2019 at about 11.45am, I was driving along Holland Road
in the digit direction of Holland Village. I was driving on the right
lane. It was a clear day. The road surface was dry . Traffic was light and
smooth. I was driving aroud 50-60 km an hour, when I ceached the
traffic junction where there is a right turn into Account Busing North
Buona vista Road, the traffic lights were green. Suddenly, the car in front of me (a silver Toyota carolla Altis, SJL94986) stopped at
front of me (a silver Toyota carolla Altis, SJL94986) stopped at
the traffic junction to turn into & North Buona unto Road. I clid not
notice whether it had twined on its turning indicator light. I checked
my near view and side mirrors. Since the road behind and beside
me is clear and there were no cars, I swented to the left to
stoovertake the me stationary our unfortunately, I misjudged
and the right bumper of my car hit the statemany car's back
bumper, ripping it off. The back of the statemary our is damaged. The front and right side of my our is damaged. No one was injured.
The front and right side of my one is damaged. No one was injuried.

Declaration

We declare the foregoing particulars are true in every respect.

11-10am

Policyholder's Signature / Date & Time Oriver's Signature (if driver is not the policyholder) / Oato & Time

Witnessed by Reporting Centre Personnel











Driving License



Identification Card





