

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	27/05/2019 17:42
Date Of Accident	25/05/2019 22:45
Exact Location Of Accident	19 PALM GROVE AVE-GUARD HOUSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9005E
Insured/Policyholder	
Name Of Registered Owner	TNG HIAN HUAT VICTOR
NRIC No	S0028818G
Email Address	VICTOR.TNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96750870
Alternative Phone No	OFFICE-96750870

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2028826
Cover Note Number	

Driver

Name of Driver	TNG HIAN HUAT VICTOR
NRIC No	S0028818G
Date Of Birth	14/11/1950
Occupation	INDOOR
Date Of Driving Pass	21/07/1977
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96750870
Fax Number	
Contact Number	OFFICE-96750870
Email Address	VICTOR.TNG@GMAIL.COM

Address	4 JALAN RINDU SINGAPORE
Postcode	537488
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
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)	1

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

SEE ATTACH SKETCH PLAN & STATEMENT

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	SKQ7041R
Vehicle Make/Model/Colour	AUDI
Details Of Properties	SLIGHT SCRATCHES
Vehicle Category	PRIVATE CAR
Name of Driver	SUMNER PIKE LEMEN
NRIC/Passport Number	S7167099F
Contact Number	
Address	19 PALM GROVE AVE #04-03 SINGAPORE
Postcode	547315
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

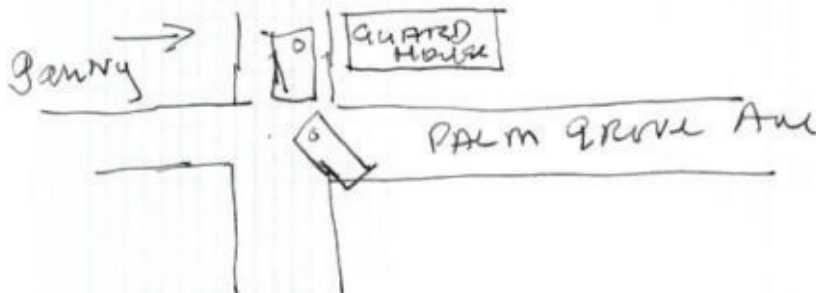
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 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or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

12:30pm

[Signature] 27/05/19

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
 Sketch Plan		



Sketch Plan #2

Describe Circumstances of the Accident

- Time 10.45pm @ the entrance of 19 Palm Grove Ave.
- I sent two friends - husband and wife home to the above address.
 - As the gantry was not opened I dropped my friends off at the gantry point.
 - As usual, I look behind before I reversed out as I could not get through via the gantry.
 - Upon reversing I heard a loud thud. There was a vehicle behind ~~the~~ my vehicle. It was SKQ 7041R.
 - It was dark and we were unable to determine if what went wrong.
 - The other party was not willing to settle privately so the damage was only superficial scratches to both vehicles.
 - The other party assumed that the collision had damaged his vehicle internally.
 - It was decided that we report to our insurance companies.

Declaration

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

12.30pm
WSE 27/05/19

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo

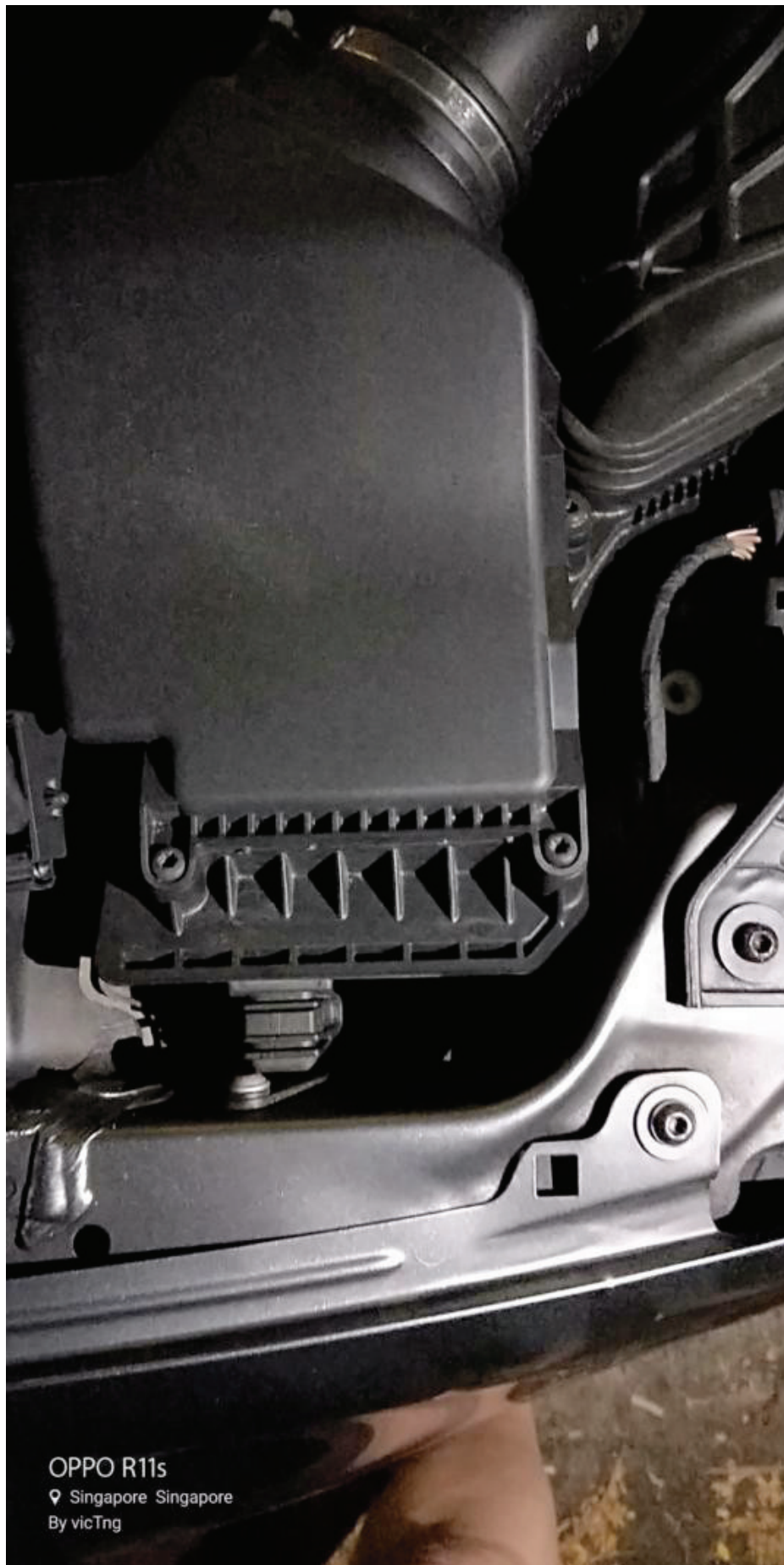


OPPO R11s
Singapore Singapore
By vicTng

Accident Photo



Accident Photo



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By vicTng

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Singapore Singapore
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