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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/07/2019 18:35
Date Of Accident	26/07/2019 17:00
Exact Location Of Accident	YISHUN AVE 3 AND SEMBAWANG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS8108D
Insured/Policyholder	
Name Of Registered Owner	LIN HUI XIAN JAIME
NRIC No	S8041048D
Email Address	JAIMELIN06@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91728108
Alternative Phone No	OFFICE-91728108
Vehicle Particulars	
Manufacturer	AUDI
Model	A6-1.8 TFSI S-TRONIC (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA403271/1
Cover Note Number	

Driver

Name of Driver LIN HUI XIAN JAIME NRIC No S8041048D

Date Of Birth 06/12/1980
Occupation INDOOR
Date Of Driving Pass 10/01/2011

Driving Experience 8 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91728108

Fax Number

Contact Number OFFICE-91728108

EMail Address JAIMELIN06@GMAIL.COM

10 WESTRIDGE WALK Address

Postcode 117825

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

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

ACCIDENT HAPPENED AT THE JUNCTION 9 YISHUN AVE 3 AND SEMBAWANG ROAD. I STOPPED AT THE JUNSTION, EXITING FROM YISHUN AVE 3 TOWARD SEMBAWANG ROAD, MY CAR WAS STATIONARY WHEN VEHICLE SME 6262 R HIT MY VEHICLE, SLS 8108 D ON THE REAR OF THE VEHICLE. OWNER OF VEHICLE SME 6262 R AND MYSELF GOT OUT OF OUR CARS. NO ONE WAS INJURED. NO THIRD PARTY WAS INVOLVED IN THE ACCIDENT. OWNER OF VEHICLE SME 6262 R WAS APOLOGETIC AND TOOK FULL RESPONSIBILITY FOR THE ACCIDENT. WE EXCHANGED DETAILS FOR FURTHER SETTLEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SME6262R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

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:

- 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)
 - (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")
- 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
- 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.
- 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.

Policyholder's Signature Date & Time

GIARMC Sketch

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.: 670401474

SKETCH PLAN Scu banga SME62621 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT at the junction of Vishen Ave 3 and happened Sembaware toward from Yishun jurction SMF 6262 R Stationary when vechide the rear SLS 8100 D out of SMIL 6262R and No was Dur Was injured box IME 6262R 400 apologetic further settlement ox danged DECLARATION I/We declare the foregoing particulars are true in every respect. Policyno der's Signature Reporting Centre Personnel's Signature Driver's Signature Date & Time: (If driver is not the policyholder) NRIC/FIN No.:

Date & Time:





















