

## 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	11/10/2019 09:03
Date Of Accident	10/10/2019 07:30
Exact Location Of Accident	ALONG BLK 410 AMK AVE 10 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT9921U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALOYSIUS THOMAS TAN
NRIC No	S9100474G
Email Address	ALOYSIUSTHOMASTAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98804946
Alternative Phone No	HOME-64537496

### Vehicle Particulars

Manufacturer	DAIHATSU
Model	COPEN-660CC (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	GA485349/1
Cover Note Number	18/07/2019 - 17/07/2020

### Driver

Name of Driver	ALOYSIUS THOMAS TAN
NRIC No	S9100474G
Date Of Birth	02/01/1991
Occupation	INDOOR
Date Of Driving Pass	14/06/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98804946
Fax Number	
Contact Number	HOME-64537496
Email Address	ALOYSIUSTHOMASTAN@HOTMAIL.COM

Address	411 ANG MO KIO AVE 10 #09-881
Postcode	560411
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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 THE SKETCH PLAN BY DRIVER

#### 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 Witness 1

Name	GEORGE
Phone Number	98331090
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3417X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN MING WUI
NRIC/Passport Number	
Contact Number	90123362
Address	
Postcode	
Insurance Company Name	



Nature Of Damage

No. Of Passenger (Including Driver)

**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 purposes(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.

X

Policyholder's Signature  
Date & Time:

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

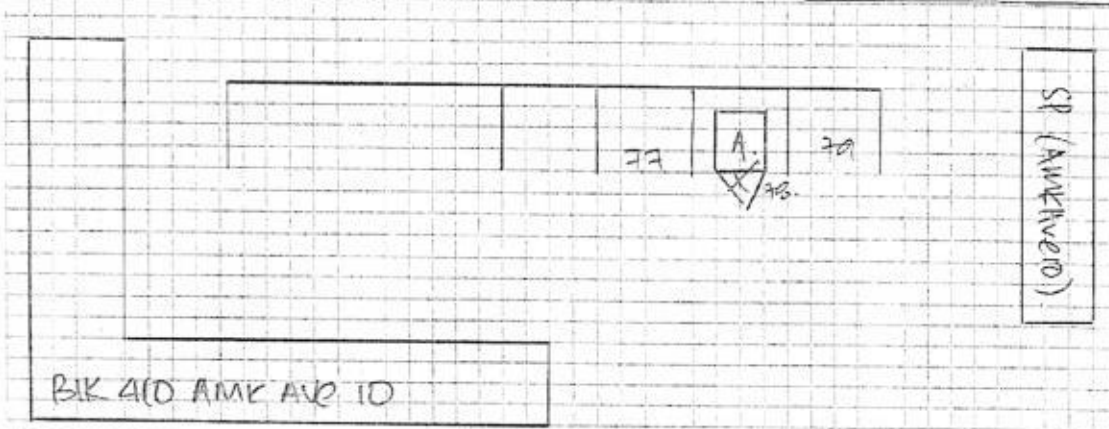


Reporting Centre/Officer's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

## SKETCH PLAN

Date of Accident: 10-10-2019 Time: 7:30am Location: BLK 410 AMK AVE 10 CARPARK LOT 78.  
 My Vehicle A: SRT 99214 Vehicle B: SHD 3417X Vehicle C/Others: \_\_\_\_\_



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident: <u>10-10-2019</u>	Time of Accident: <u>7:30am.</u>
Vehicle A: <u>SRT 99214</u> Vehicle B: <u>SHD 3417X</u>	
<p>ON 10 OCT '2019 my vehicle was stationary parked at BLK 410 AMK AVE 10 CARPARK LOT NO. 78. WHEN I WENT TO PICK MY CAR AND REALISED MY CAR FRONT PORTION GOT HIT BY VEHICLE B. There's witness left his detail for me to contact him for more details. However I managed to contact Comfort Delgo to get the driver and decided to claim insurance.</p>	
<p>( ) Claim OD/TP at Ah Lim Motor <input checked="" type="checkbox"/> Claim OD/TP at other workshop ( ) Reporting Only</p>	
<p>Remarks: Please forward a copy of my efile accident report to:                  My workshop: Accord Auto Services Pte Ltd                  email address: claims@mycarworkshop.com.sg                  &amp; myself                  email address: _____                  Note: Please take note that your insurer have <b>14 days timeframe</b> for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.</p>	

## DECLARATION

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

[Signature]

Policyholder's Signature  
Date & Time: \_\_\_\_\_

[Signature]

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



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