

## 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	07/10/2019 16:03
Date Of Accident	06/10/2019 16:40
Exact Location Of Accident	PASIR PANJANG ROAD (GLORIA MANSION BUS STOP)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2507Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH TECK KHIM
NRIC No	S6921670F
Email Address	STK946@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96196914
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT (RB) 1.4 CVT
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	P2148314
Cover Note Number	

### Driver

Name of Driver	TIMOTHY THIAN TSHI KAI
NRIC No	S9739286B
Date Of Birth	21/10/1997
Occupation	INDOOR
Date Of Driving Pass	08/06/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96495667
Fax Number	
Contact Number	
EEmail Address	TIMTHIAN@GMAIL.COM

Address	29 LUCKY CRESCENT
Postcode	467742
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FRIEND OF DAUGHTER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : ASHLEY SEAH 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 OWNER

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC4518B
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	SCRATCHES ONTO FRONT BUMPER (LEFT)
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED NASEEM
NRIC/Passport Number	S2020315C
Contact Number	97871409
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 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.



Policyholder's Signature  
Date & Time:

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

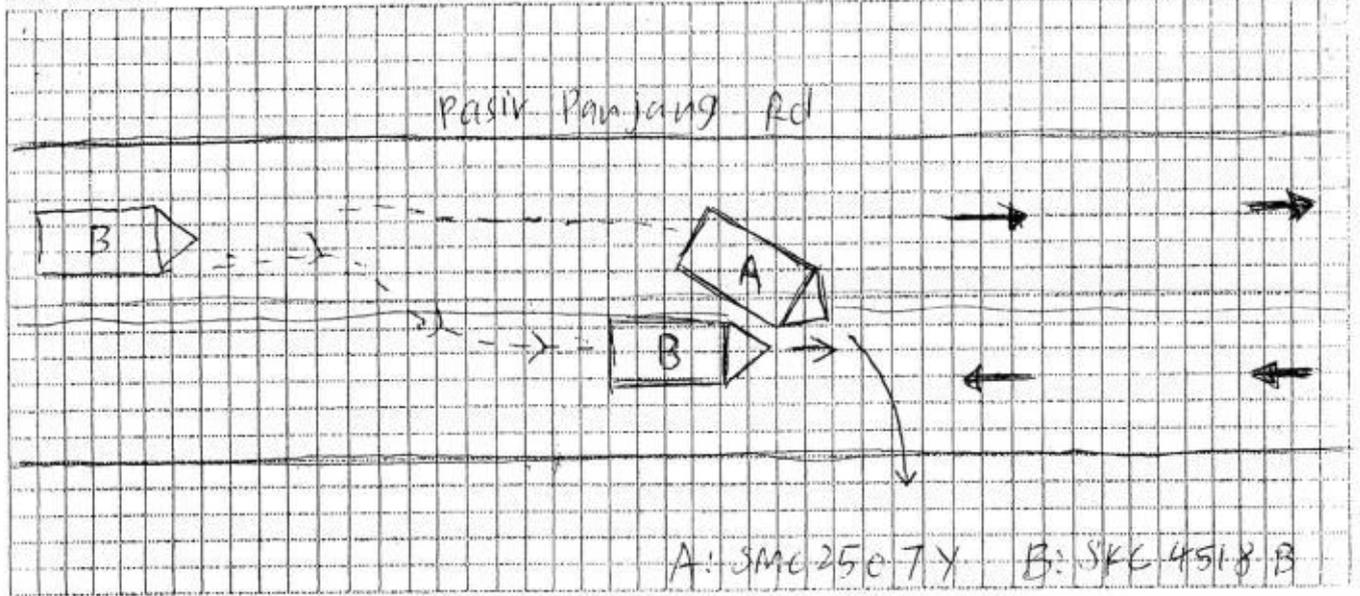
Date & Time: 7/10/2019 11:48

Reporting Centre Personnel's Signature

Name: Anni  
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Pasir Panjang Rd, and wanted to stop at a private house on the right to get my bearings then continue. It was a 2-way traffic, with a single continuous white line separating the two lanes. After signalling my intention to turn right, I looked out for oncoming traffic as, and saw the vehicle behind had no signal on. (I also did not expect him to turn onto an oncoming traffic lane to overtake). As I turned into the parking lot, he collided into me on my right front bumper and wheel. No one was injured.

*[Signature]*

DECLARATION

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

<p>Policyholder's Signature Date &amp; Time:</p>	<p><i>[Signature]</i> 11/01/2019 11:48 Driver's Signature (If driver is not the policyholder) Date &amp; Time:</p>	<p style="text-align: center;"></p> <p>Reporting Centre Personnel's Signature Name: Anna NRIC/FIN No.:</p>
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