

## 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 ability.
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 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	26/08/2014 13:50
Date Of Accident	26/07/2014 07:50
Exact Location Of Accident	BUKIT TIMAH SADDLE CLUB CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7612P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DE FERRARI WICKI ELISABETTA ANGELA MARIA
Passport No/FIN	G5174737U

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 ACR30 (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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VA1/GA000095
Cover Note Number	

### Driver

Name of Driver	DE FERRARI WICKI ELISABETTA ANGELA MARIA
Passport No/FIN	G5174737U
Date Of Birth	17/12/1969
Occupation	Indoor
Date Of Driving Pass	08/08/2012
Driving Experience	1 Year And 11 Months
Gender	Female
Mobile Number	(Local) +65-97207229
Fax Number	
Contact Number	
EEmail Address	EDEFERRARI@BLUEWIN.CH
Address	
Postcode	
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	Unknown - REFER TO SKETCH PLAN
Weather Conditions	Raining
Road Surface	Wet

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

#### 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 SKETCH PLAN

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9948B
Vehicle Make/Model/Colour	TAXI
Details Of Properties	RENAULT
Name of Driver	CHIA BOON GUAN
NRIC/Passport Number	
Contact Number	90097798
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**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.

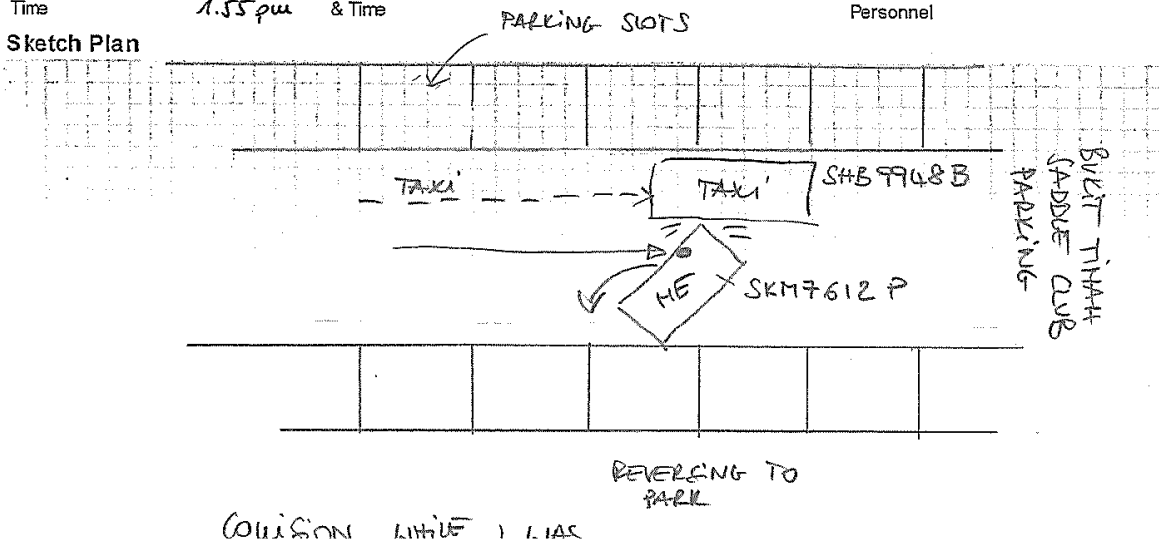
E. L. E. 26-8-14

Policyholder's Signature / Date & Time  
1.55 pm

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

AUGUST 26<sup>th</sup> 7.50 am

I arrived This morning at The Bukit Timah Saddle Club.

There is a parking there (almost empty)

I stopped the car and reversed to park.

A Taxi Trans-cab came from behind and didn't stop  
so I had a collision ~~with~~ my front corner left and The Taxi's~~The~~ rear door right.~~The~~ The Taxi-driver claimed I didn't put the double  
signal lights but we were in a parking and I had  
already started my reverse!TAXI-DRIVER TRANSCAB SHB 9948 B : MR. CHIA BOON GUAN  
HP. 9009 7798NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO  
SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY  
FOR MORE INFORMATION.

Please State:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting only

## Declaration

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

B. Lee - 26-8-14

Policyholder's Signature / Date &  
Time

1.55pm

Driver's Signature (If driver is not the policyholder) / Date  
& TimeWitnessed by Reporting Centre  
Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

