

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	27/12/2019 13:20
Date Of Accident	09/12/2019 12:40
Exact Location Of Accident	KEPPEL RD TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6L
Insured/Policyholder	
Name Of Registered Owner	EXPLORER EDUCATION PTE LTD
Co Reg No	2XXXXX608H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94886883

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	G63 AMG-4.0 (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/P2305805
Cover Note Number	

Driver

Name of Driver	TAN WEE KUANG
Passport No/FIN	GXXXX557Q
Date Of Birth	22/12/1985
Occupation	INDOOR
Date Of Driving Pass	19/11/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88556677
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PARTNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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?	
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: : LIN JIA HUI 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

ON 09/12/19 @ 12:40HRS, I WAS DRIVING MY CAR SMM6L ALONG KEPPEL RD TWDS AYE & I WANTED TO SWITCH LANE & ANOTHER CAR SLF1927X DROVE UP FROM BEHIND AT A FAST SPEED HOWEVER BOTH OF OUR CARS DID NOT HAVE ANY CONTACT WITH EACH OTHER AT ALL. I HAVE TAKEN THE PHOTOS OF THE OTHER CAR AND I HAVE CCTV IN MY CAR TO PROOF THAT THERE IS NO CONTACT AT ALL FOR BOTH VEHICLES.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF1927X
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

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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:

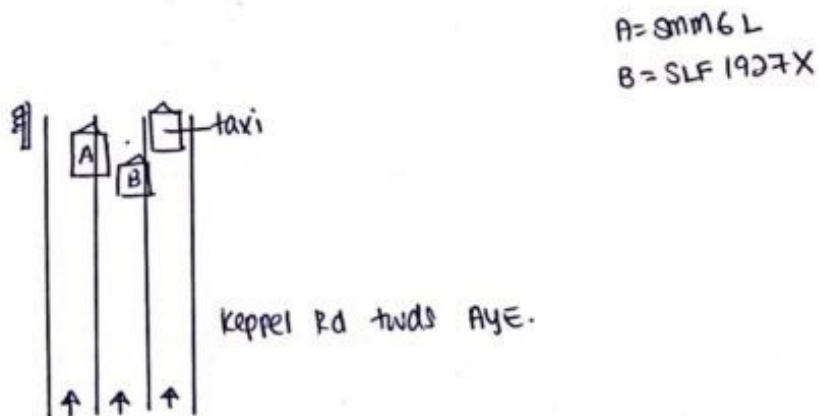
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Winnie Chai
Connect3

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/12/19 @ 12:40 hrs, I was driving my car SMM6L along Keppel Rd twds AYE & I wanted to switch lane & another car SLF1927X drove up from behind @ a fast speed however both of our vehicles did not have any contact with each other at all.

I have taken the car photos & I have CCTV in my car to proof that there is no contact at all for both vehicles.

DECLARATION

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

Policyholder's Signature
Date & Time:



Scanned
CamScanner



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

X

Winnie Chai
Connect3

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



Section II: The Policyholder Acknowledgement Form

To: Owner of Vehicle Number: Smm 6 L

The following has been advised to you via your workshop, Connect+3
by their staff, Winnie.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There may be delay to your vehicle repair due to the unavailability of spare parts locally and the parts may have to be sourced from overseas.
- ☒ There will be **no cancellation/withdrawal** of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to claim including the costs of procured spare parts, towing charges and other benefits and incidental paid under the policy.
- ☐ The estimated waiting time for the spare parts to arrive is approximately _____ days/months. The estimated waiting time does not include the repair period.
- ☐ You have been advised by the mechanic/workshop personnel that the vehicle is **not** road worthy and should **not** be removed from the workshop. Any further damage/losses arising from the use of the vehicle thereafter will be excluded from the insurance claim.
- ☒ For vehicles below Three (3) years old, AXA Insurance Pte Ltd (hereon referred to as AXA) will use only original parts to repair your vehicle.
- For vehicles above Three (3) years old, AXA will be carrying out repairs using Original Equipment Manufacturer (hereon referred to as OEM) parts or **any combination** of original parts and/or OEM parts.
- ☒ You had been advised by the workshop on the Twelve (12) months warranty for Own Damage claim related to the accident.
- ☐ Others _____



THIRD PARTY CAR



THIRD PARTY CAR



MY CAR PHOTO



MY CAR PHOTO



MY CAR PHOTO



MY CAR PHOTO



MY CAR PHOTO



MY CAR PHOTO



MY CAR PHOTO



MY CAR PHOTO



MY CAR PHOTO



MY CAR PHOTO



Accident Photo



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