

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	23/12/2019 11:52
Date Of Accident	21/12/2019 11:45
Exact Location Of Accident	KPE TOWARDS CITY NEAR DEFU LANE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2024L
Insured/Policyholder	
Name Of Registered Owner	LIM HAN SENG
NRIC No	S0069149F
Email Address	TAN_KELVIN83@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91682149
Alternative Phone No	OFFICE-91682149

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (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	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	VPA/P2258740
Cover Note Number	

Driver

Name of Driver	TAN KAIJUN KELVIN
NRIC No	S8306921Z
Date Of Birth	24/02/1983
Occupation	INDOOR
Date Of Driving Pass	23/03/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91682149
Fax Number	
Contact Number	
Email Address	TAN_KELVIN83@HOTMAIL.COM

Address	12 RIVERVALE LINK #05-23 SINGAPORE
Postcode	545045
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	LIGHT DRIZZLE
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	3
Passenger 1	NAME: : PAX A GENDER: : FEMALE
Passenger 2	NAME: : PAX B GENDER: : MALE

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

SEE ATTACH SKETCH PLAN, STATEMENT & VIDEO.

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	SGX9071B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S1518388H
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMM4109Y
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

IMPORTANT NOTICE

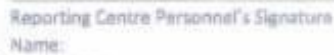
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.

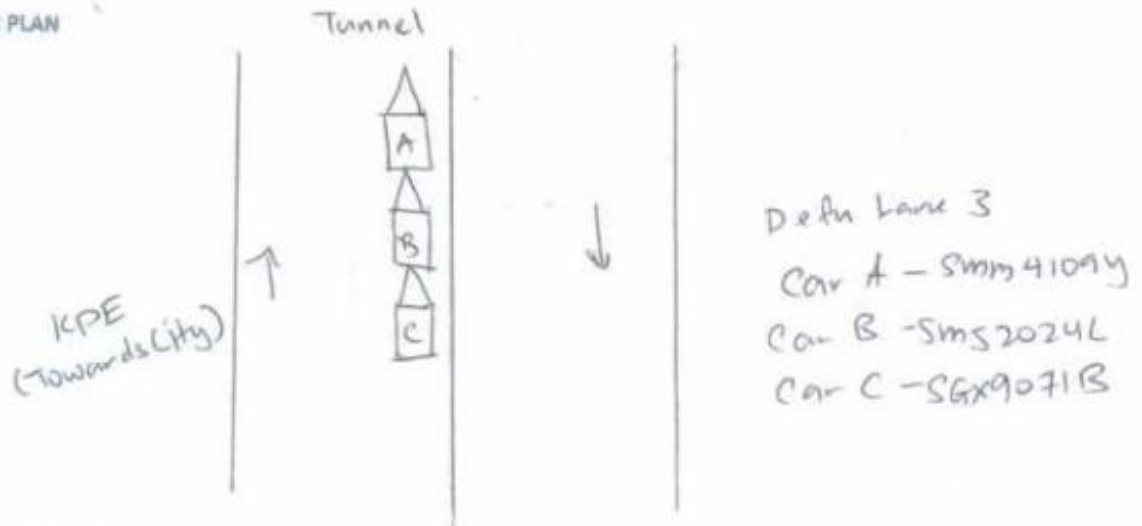

Policyholder's Signature
Date & Time: 21/12/19 3:15pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/12/19 3:15pm


Reporting Centre Personnel's Signature
Name:
ABU/PA No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along KPE towards City on lane 2 of expressway. At the stretch of KPE before Defn Lane 3, before the tunnel entrance, the vehicle in front of mine came to a stop. I stopped my car behind the vehicle in front, felt a bang from the back of my car and subsequently hit the vehicle in front of mine.

DECLARATION

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

Policyholder's Signature

Date & Time: 21/12/19
3.15pm

Driver's Signature

(If driver is not the policyholder)
Date & Time: 21/12/19
3.15pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3

MOTOR ACCIDENT REPORT FORM

ANNEX A

DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration No.: <u>Smm41075</u>	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver: <u>Sim Tiok Yeng</u>	NRIC/Passport Number: <u>S 7534858D</u>
Contact Number:	
Address: (Post Code:)	
Insurance Company Name:	
Nature of Damage:	No. of Passengers (including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF OTHER VEHICLE PROPERTY 2	
Vehicle Registration No.:	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver:	NRIC/Passport Number:
Contact Number:	
Address: (Post Code:)	
Insurance Company Name:	
Nature of Damage:	No. of Passengers (including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF OTHER VEHICLE PROPERTY 3	
Vehicle Registration No.:	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident:	
Name of Driver:	NRIC/Passport Number:
Contact Number:	
Address: (Post Code:)	
Insurance Company Name:	
Nature of Damage:	No. of Passengers (including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF INJURED PERSON 1	
Name:	
Address:	
Post Code:	
Approximate Age:	
Injuries Sustained:	
Injured person in which vehicle:	
Were seat belts worn? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	
DETAILS OF INJURED PERSON 2	
Name:	
Address:	
Post Code:	
Approximate Age:	
Injuries Sustained:	
Injured person in which vehicle:	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	

30 April 2010

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

