

## 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	30/12/2019 14:18
Date Of Accident	29/12/2019 21:00
Exact Location Of Accident	WOODLANDS CENTRAL RD & WOODLANDS ST. 13 JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH1326D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHD YAZID BIN KHAMIS
NRIC No	SXXXX806A
Email Address	JASSMAWATI.66@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88219708
Alternative Phone No	OTHERS-97505423

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA356599
Cover Note Number	30/05/2019 - 29/05/2020

### Driver

Name of Driver	JASMAWATI BINTE SAPUAN
NRIC No	SXXXX961I
Date Of Birth	12/04/1966
Occupation	INDOOR
Date Of Driving Pass	31/07/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97505423
Fax Number	
Contact Number	
Email Address	JASSMAWATI.66@GMAIL.COM

Address	BLK 412 WOODLANDS STREET 41 #04-53
Postcode	730412
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
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)	6
Passenger 1	NAME: : MELISSA GENDER: : FEMALE
Passenger 2	NAME: : SHARIFAH NADIAH GENDER: : FEMALE
Passenger 3	NAME: : AYDEN GENDER: : MALE
Passenger 4	NAME: : A"RAA GENDER: : FEMALE
Passenger 5	NAME: : ADAM 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

REFER TO THE ATTACHED 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3075P
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

VEDDANAIGAM PAUL

SXXXX442G

97811699

#### DETAILS OF INJURED PERSON 1

Name JASMAWATI BINTE SAPUAN  
Approximate Age  
Injuries Sustain BODY UNWELL  
Injured person in which vehicle? SGH1326D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name MELISSA  
Approximate Age  
Injuries Sustain BODY UNWELL  
Injured person in which vehicle? SGH1326D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name SHARIFAH NADIAH  
Approximate Age  
Injuries Sustain BODY UNWELL  
Injured person in which vehicle? SGH1326D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name AYDEN  
Approximate Age  
Injuries Sustain BODY UNWELL  
Injured person in which vehicle? SGH1326D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 5**

Name	A"RAA
Approximate Age	
Injuries Sustain	BODY UNWELL
Injured person in which vehicle?	SGH1326D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

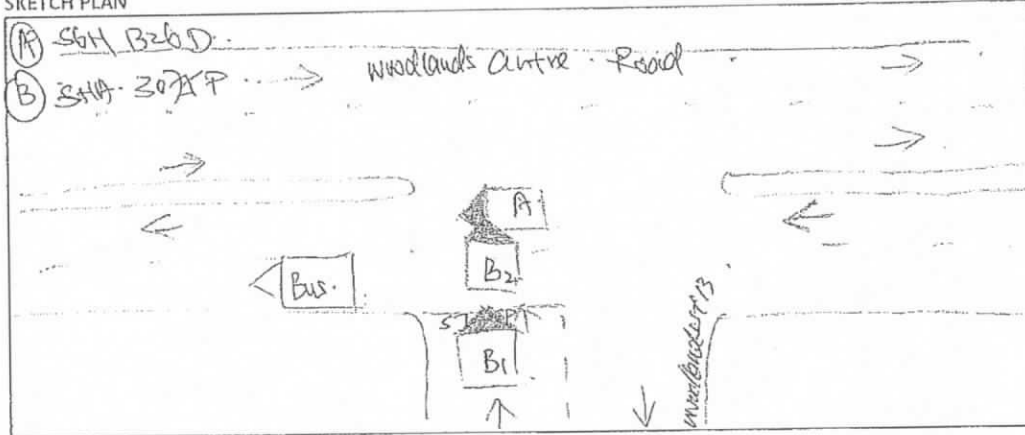
**DETAILS OF INJURED PERSON 6**

Name	ADAM
Approximate Age	
Injuries Sustain	BODY UNWELL
Injured person in which vehicle?	SGH1326D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

Date of accident: 29/12/2019 Time: 21:00 Location: Woodlands Centre Road and Woodlands St 13  
My Vehicle A: SGH 1326 D. Vehicle B: SHA 3075 P Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/12/19 @ 2100 hrs, as I was travelling along the wood centre Rd across wood st 13, with passengers consist of my daughter (front seat), my niece + 3 grandchildren (1, 6 + 5yrs) Baby was in car-seat.

Upon reaching the junction of Woodlands St 13, suddenly the taxi SHA 3075P came out to main road (second lane), away from stop line and hit onto the left side of my vehicle.

I took my family to safety across the road. And went back to side to collect pictures. By the time, taxi has been already moved his vehicle to aside to avoid traffic flow.

Veh B: Veddanaigam Paul / 506 34026  
Hp: 9181 1699

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: C Soon Auto Service.

Email address: L Soon @ gmail - com.

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.:

AH LIM MOTOR COMPANY

## Sketch Plan Pg. 2

18-09-17:11:27 : VAC

L SOON

+65 6569 0722

# 1 / 2

### SKETCH PLAN

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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:

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

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