

## 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	03/02/2020 09:23
Date Of Accident	01/02/2020 13:30
Exact Location Of Accident	EAST COAST ROAD / SENNETT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2935D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED ALI SALLEH
NRIC No	S0136801Z
Email Address	MOHDALISALLEH78@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93698388
Alternative Phone No	OTHERS-93698388

### Vehicle Particulars

Manufacturer	BMW
Model	216I
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA413360
Cover Note Number	

### Driver

Name of Driver	MOHAMED ALI SALLEH
NRIC No	S0136801Z
Date Of Birth	01/01/1953
Occupation	INDOOR
Date Of Driving Pass	17/12/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-93698388
Fax Number	
Contact Number	OTHERS-93698388
Email Address	MOHDALISALLEH78@GMAIL.COM

Address	BLK 495C TAMPINES STREET 43 #07-386
Postcode	522495
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	SME4949G (PRIVATE CAR)
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)	1

#### 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 ATTACH.

#### 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	SME4949G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW HWEE LI MERISSA
NRIC/Passport Number	S7513374Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR & RIGHT
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:

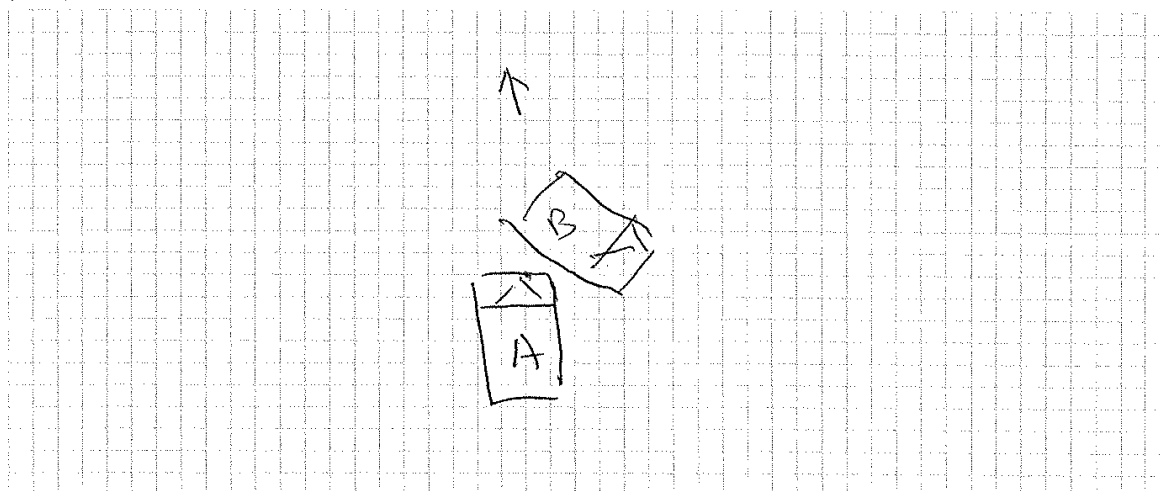
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

While travelling along East Coast Rd, when  
came to Senett Rd junction, my vehicle pass the  
traffic light and hit the other car.

## DECLARATION

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

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.: \_\_\_\_\_

NRIC/FIN No.:

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Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665S0020G / GST Reg. No.: M400017735

## ADDENDUM

Original Report No: MPM1 20014598 / Pm1 Vehicle Registration No: SMT 293 SD

Name (as shown in NRIC) : Mehamed Ali Sallouh NRIC/FIN/Passport No : \_\_\_\_\_

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 93278588

Email Address : \_\_\_\_\_

Date of Accident : 01 / 02 / 2020 Time of Accident : 1330hrs

Place of Accident : East coast road

Insurance Company: Ax 14 Insurance

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Geo

third party car plate should be

Sum = 4949 G instead of 4449.

as whatsapp by curfew

1

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4-11

2

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\_\_\_\_\_

Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

613259C *See* 613258C, 613260C, 613261C

**Today**

**Chua**

**My accident report  
indicate wrong  
licence plate for other  
party....correct no.  
should be SME  
4949G (instead of  
4449).**

**Pls amend  
accordingly.**

**Thanks.**

8:55 AM

**Dear Mohamed noted  
and the car likely be**