

## 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	07/02/2020 14:56
Date Of Accident	20/01/2020 00:00
Exact Location Of Accident	UNAWARE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML9366T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN JUI KIAN
NRIC No	S0056589Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82449876
Alternative Phone No	OFFICE-97513463

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AD AVANTE 1.6 GLS (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/P2298379
Cover Note Number	12/06/2019-11/06/2020

### Driver

Name of Driver	TAN JUI KIAN
NRIC No	S0056589Z
Date Of Birth	18/06/1952
Occupation	INDOOR
Date Of Driving Pass	30/12/1971
Driving Experience	48 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82449876
Fax Number	
Contact Number	OFFICE-97513463
Email Address	NOEMAIL

Address	156 MARIAM WAY 03-06
Postcode	507082
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	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?	NO
Was any other material or property damaged?	NO
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 SKETCH PLAN

#### 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	UNKNOWN
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 Pg. 1



### SKETCH PLAN

#### IMPORTANT NOTICE

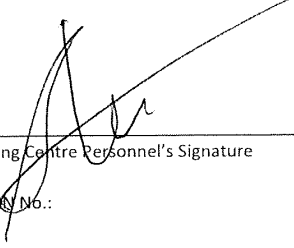
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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: 

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

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

SKETCH PLAN

No sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am filing this report as my insurer (AXA) send me an sms stating that there is a claim against me.

I have no recollections of being involved in an accident with another vehicle. I am not able to recall where was my location on 20th Jan 2020.

There is no damage or scratch to my vehicle.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <b>Fourteen (14) days clause</b> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	<input checked="" type="checkbox"/>	Reporting Only
	<input type="checkbox"/>	Claim OD
	<input type="checkbox"/>	Claim TP
	<input type="checkbox"/>	Claim OD / TP at other workshop

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.:



**POLICYHOLDER ACKNOWLEDGEMENT FORM**

Date: 27/12/2020 To: Owner of Vehicle Number: SML 9366 T  
 The following has been advised to you via your workshop, Subarna through their staff,



Please tick the applicable box if you had been advised on any of the following:

- ☒ (✓) 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.
    - if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
    - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
  - ☐ ( ) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
  - ☐ ( ) There will be no cancellation/withdrawal of the Own Damage claim once the order of 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 the procurement of the spare parts.
  - ☐ ( ) The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
  - ☐ ( ) You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
  - ☐ ( ) For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ ( ) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
  - ☐ ( ) For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
  - ☒ (✓) Others Reporting only

Signed and acknowledged by:

Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

