

## 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 15:58
Date Of Accident	03/02/2020 08:50
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7172K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OH SZE HAI
NRIC No	SXXXX121E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97234361
Alternative Phone No	OFFICE-97234361

### Vehicle Particulars

Manufacturer	MASERATI
Model	LEVANTE GRANSPORT MY19
Exact Purpose for which vehicle was being used at time of accident	FETCH WIFE TO GLENEAGLES HOSPITAL
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	CN042646
Cover Note Number	CN042646

### Driver

Name of Driver	OH SZE HAI
NRIC No	SXXXX121E
Date Of Birth	08/01/1972
Occupation	INDOOR
Date Of Driving Pass	18/05/1994
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97234361
Fax Number	
Contact Number	OFFICE-97234361
EEmail Address	NOEMAIL

Address	33 YISHUN CENTRAL 1 #10-74 NORTH PARK RESIDENCES
Postcode	768806
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 - HEAD TO REAR
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : POH AH SWEE 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 3Feb2020 8.50am, I was going to Gleanagles Hospital with my wife. When I was driving along CTE towards City, as the road heavy traffic so I have to line up to wait for the cars in front of me to move. Suddenly I heard a bang sound from the back of my vehicle SLL7172K. I alighted from my car and realized that was a Taxi SHC8695G already hit my rear. My vehicle rear bumper and exhaust was damaged and scratches.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

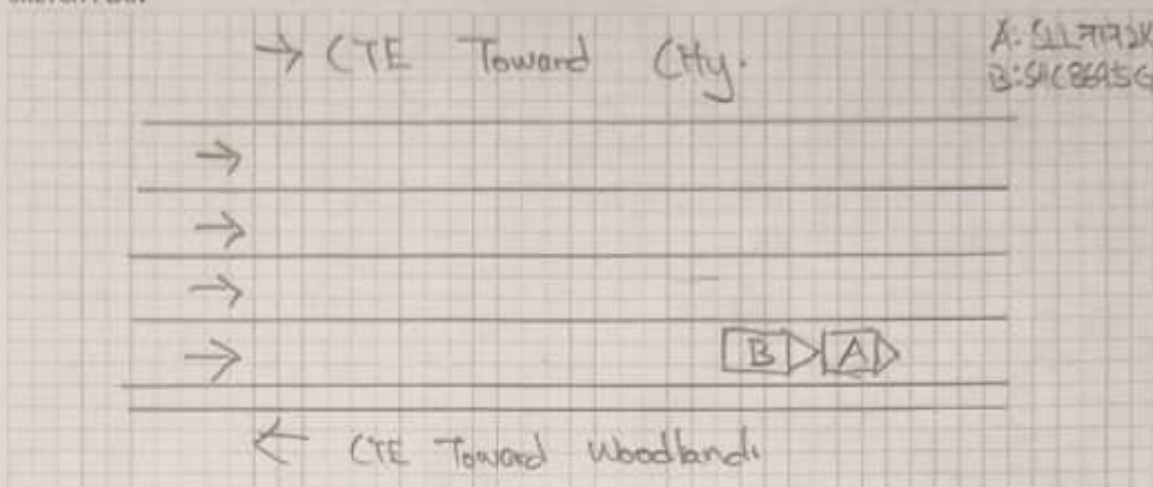
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8695G
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	FRONT AREA OF THE CAR
Vehicle Category	TAXI
Name of Driver	LIM TYE CHEONG
NRIC/Passport Number	SXXXX223F
Contact Number	
Address	
Postcode	

Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	2

# Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3 Feb 2020 Morning 8:50am, I was going to Gleneagles Hospital with my wife. When I driving along TPE towards City, as the road heavy traffic so I have to line up to wait for the cars in front of me to move. Suddenly I heard a horn sound from the back of my vehicle SLL7172K. I alighted from my car and realised that was a Taxi SHC8695G already hit my rear. My vehicle rear bumper and exhaust was damaged and scratches.

## DECLARATION

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

Policyholder's Signature

Date & Time: 3 FEB 2020  
2:30 pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: TEE YONG SHENG  
NRIC/FIN No: G6412287N

**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: 3 Feb 2020 2:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: THE YONG SHENG

NRIC/FIN No.: 66412287N

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Identification Card



Accident Photo



Accident Photo



# Addendum Sheet



**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: S685500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MTRA20015126 Vehicle Registration No: SLL7172K  
 Name (as shown in NRIC) : OH SZE HAI NRIC/FIN/Passport No : S7202121E  
 (\*Vehicle Driver/~~Vehicle Owner~~) (\*) Please delete as appropriate  
 Address : 33 Yishun Central 1 #10-74 Singapore 768806  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 9723 4361  
 Email Address : NOEMAIL  
 Date of Accident : 3 FEB 2020 Time of Accident : 8:50am  
 Place of Accident : CTE Towards City  
 Insurance Company : AXA Insurance.

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

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

1) Wrong Key In The Accident Location.  
Should be CTE Towards City.

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: TEE YONG SPENG