

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 ability
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 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	22/12/2015 11:12
Date Of Accident	21/12/2015 16:00
Exact Location Of Accident	THOMSON SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR2600M
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Insured/Policyholder

Name Of Registered Owner	YEE HONG PTE LTD
Co Reg No	197600657C
Email Address	LINGKCC@YEEHONG.COM.SG
Mobile Phone No	
Alternative Phone No	Office-96300381

Vehicle Particulars

Manufacturer	BMW
Model	730
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?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA066511/1
Cover Note Number	

Driver

Name of Driver	MOHAMED RAZALI BIN SAIRI
NRIC No	S1179033Z
Date Of Birth	03/12/1956
Occupation	Indoor
Date Of Driving Pass	12/10/1977
Driving Experience	38 Years And 2 Months
Gender	Male
Mobile Number	+65-96246797
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 214 CHOA CHU KANG CENTRAL #02-226
Postcode	680214
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5218R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA Insurance Singapore Pte Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	


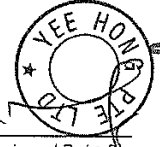
Details of Witness

Name	
Phone Number	
Email Address	


SKETCH PLAN

IMPORTANT NOTICE

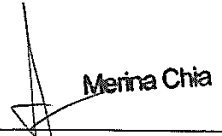
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 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that :
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

 Policyholder's Signature / Date & Time
 21 DEC 2015

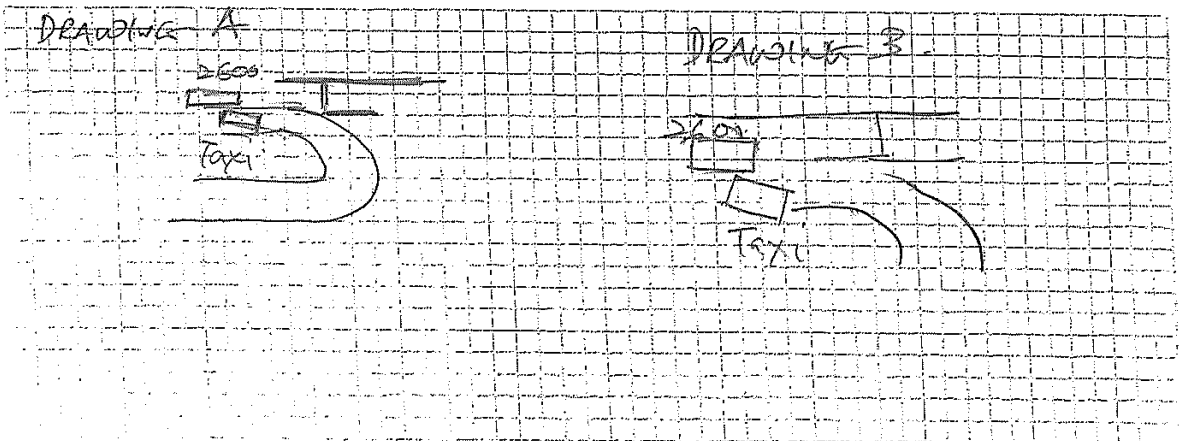


 Driver's Signature (If driver is not the policyholder) / Date & Time
 21 DEC 2015



 Witnessed by Reporting Centre Personnel
 21 DEC 2015

Sketch Plan



Describe Circumstances of the Accident

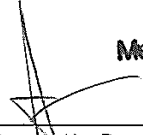
It was about 4pm, I drove out ^{off} Thomas Plaza carpark as shown in the drawing A & B. Then the taxi hit my rear left door, and he admitted his fault at first later he decided that it was my fault. He claims that I did not stop at the stop sign. My point.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time
21 DEC 2015


Driver's Signature (If driver is not the policyholder) / Date & Time
21 DEC 2015

 **Merina Chia**
Witnessed by Reporting Centre Personnel
21 DEC 2015

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg.1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

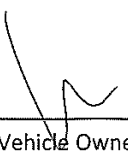
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPML15147522 Vehicle Registration No : SDR2600M
Name(as shown in NRIC): MOHAMED RAZALI BIN SAIRI
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S1179033Z
Address : _____
Contact (Tel) : 96246797 (H/P) : _____
(Email) : _____
Date of Accident : 21/12/2015 Time of Accident : 1600 hrs
Place of Accident : THOMSON SERVICE ROAD
Insurance Company : AXA

(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:

AMEND THIRD PARTY INSURANCE FROM FIRST CAPITAL TO
AXA


Signature of Vehicle Owner / Driver

Date:

22 DEC 2015

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm