

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 | 15/07/2016 16:39 |
| Date Of Accident | 03/03/2016 20:20 |
| Exact Location Of Accident | LAVENDER ST |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | YN4957T |
| Insured/Policyholder | |
| Name Of Registered Owner | SEAGULL PTE LTD |
| Co Reg No | 200311849H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | Office-66970501 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | MITSUBISHI |
| Model | CANTER-3.0 D FEB71 (M) |
| 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 | Commercial Vehicle |

Insurance Company

| | |
|---------------------------|---------------------------------|
| Name of Insurance Company | AXA Insurance Singapore Pte Ltd |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | P1594390 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ALBERT ANTHONY |
| NRIC No | S9131059G |
| Date Of Birth | 07/08/1991 |
| Occupation | Outdoor |
| Date Of Driving Pass | 28/12/2015 |
| Driving Experience | 0 Year And 2 Month |
| Gender | Male |
| Mobile Number | (Local) +65-92714304 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 367 YISHUN RING ROAD #10-1522 |
| Postcode | 760367 |
| 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 | Unknown - REFER TO SKETCH PLAN |
| 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 SKETCH PLAN

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
|---|-----|

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SHD5151Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | MUI TAT YAN |
| NRIC/Passport Number | S2223314I |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

Sketch Plan

SKETCH PLAN

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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.
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.
 - (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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

15/7/16

Lower St

Vehicle @ YN 49577

Vehicle @ SHD 51572

Describe Circumstances of the Accident

On 03/05/2016 @ 20:00hrs I was driving along Lavender St on the middle lane. While driving suddenly I saw from my side mirror there was vehicle B follow me for sometimes. So I stop my vehicle at road side. The driver of vehicle B then came to me & ~~said~~ told to me that my vehicle collided with his vehicle. But I never feel any impact. We then exchange our particulars but the driver never tell me that want to this claim so I didn't go to make report. That's all.

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop _____
☒ For record purpose
 Policy No. P1574390
 Insurer AXA (C) Veh. No. YN 4957 T

[Handwritten Signature]
 Witnessed by Reporting Centre Personnel

15/5/16

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

