

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	24/11/2014 16:17
Date Of Accident	23/11/2014 14:00
Exact Location Of Accident	ALONG ORCHARD BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6277P
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Insured/Policyholder

Name Of Registered Owner	TAN SENG HUAT
NRIC No	S0219346I

Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-1.8 5DR
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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P1314142
Cover Note Number	

Driver

Name of Driver	TAN YING WEN
NRIC No	S8917814B
Date Of Birth	23/05/1989
Occupation	Indoor
Date Of Driving Pass	15/07/2008
Driving Experience	6 Years And 4 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	Others-97541214
EMail Address	NOEMAIL
Address	BLK 242 WESTWOOD AVENUE #09-52
Postcode	648365
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Children
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Side Swipe- Same Direction
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

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 THE SKETCH PLAN.

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

Vehicle Registration Number	SHD416T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LIM PANG YEOW
NRIC/Passport Number	S1591119J
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

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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.

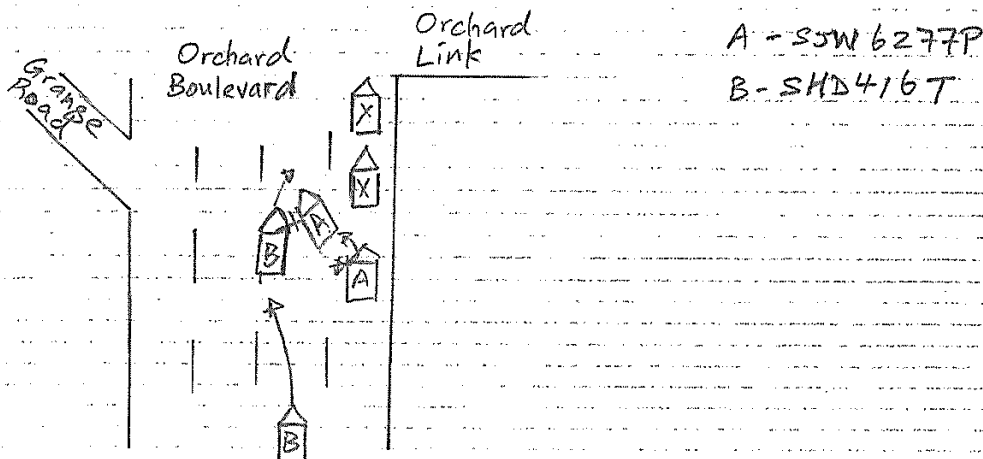
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE INFORMATION.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg.2

Describe Circumstances of the Accident

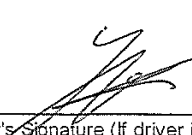
On the 23 Nov 14 at around 1400, I was travelling from orchard Boulevard heading to Tonglin. I was at the first lane, ~~and~~ as there was a line of cars turning left to orchard link, I proceed to filter to the second lane to carry on my journey. I had look at side mirror and check my blind spot when I spotted the taxi behind was about 2 car length behind. All this while, I had my ~~left~~ turn signal on and as such I proceed to move off to the second lane. At this point, I was half way out when the taxi filter out to the third ~~and~~ lane and suddenly filter back in again. That was when the accident happen and we both hit on the side front bumper. We both got out and check that ~~every~~ ^{every} body was fine. ~~No~~ No one was injured ~~it~~ during the accident.


<input type="checkbox"/> Claim own policy
<input type="checkbox"/> Claim third party
<input type="checkbox"/> Claim OD / TP at other workshop
<input checked="" type="checkbox"/> For record purpose only
Policy No <u>VPA/P1314142</u>
Insurer <u>AXA CE</u> Veh No. <u>SJW6277P</u>

Declaration

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

 24/11/14 @ 1600hrs

Witnessed by Reporting Centre Personnel


Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

