

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	29/06/2020 12:03
Date Of Accident	28/06/2020 22:00
Exact Location Of Accident	DUNEARN ROAD AFTER SOUTH AVE/ BUKIT TIMAH JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ821P
Insured/Policyholder	
Name Of Registered Owner	LEONG LAI FUN LIZA
NRIC No	SXXXX443Z
Email Address	LIZJAMES.TAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97464813
Alternative Phone No	OTHERS-97464813

Vehicle Particulars

Manufacturer	BMW
Model	X1
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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA412714/1
Cover Note Number	

Driver

Name of Driver	TAN CHEE LOONG JAMES
NRIC No	SXXXX419F
Date Of Birth	16/10/1964
Occupation	INDOOR
Date Of Driving Pass	12/07/1985
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96951936
Fax Number	
Contact Number	
Email Address	JAMESLIZ.TAN@GMAIL.COM

Address	47 LILY AVENUE
Postcode	277782
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	SCE1083S
	-
	-
Insurance Company of Driver's Own Vehicle	AXA INSURANCE PTE LTD
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : LEONG LAI FUN LIZA GENDER: : FEMALE
Passenger 2	NAME: : JONATHAN TAN JUN REI GENDER: : MALE

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.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG-BURN CD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3212U
Vehicle Make/Model/Colour	COMFORT DELGRO HYUNDAI TAXI BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RAMACHANDRAN SANTAKUMAR
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- (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: 11.15 am



Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/6/2020 10:15 am

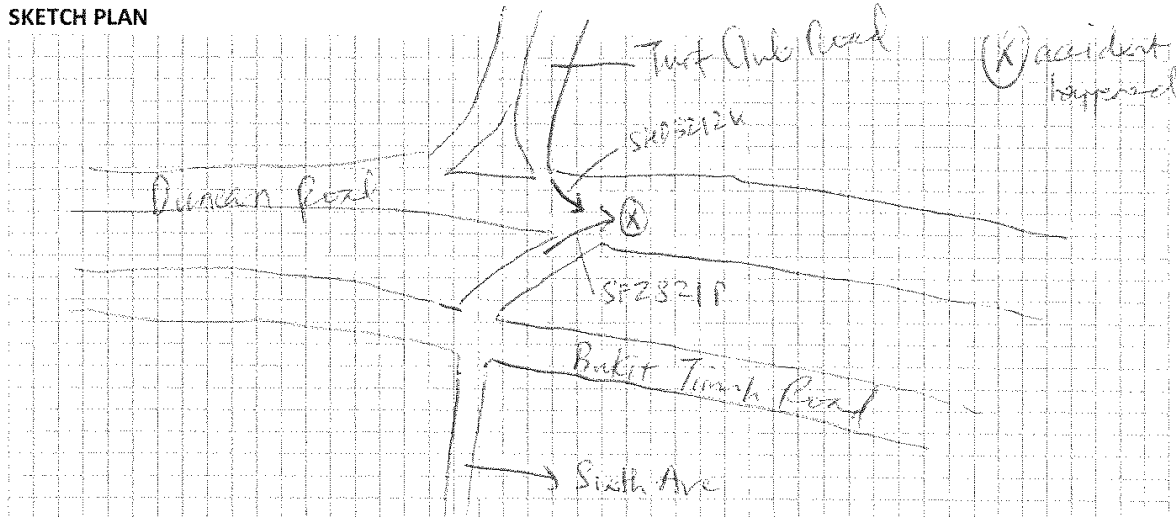


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 21:58 pm on 28 June 2020, I was driving SF2821P and travelling on the left lane on Sixth Avenue towards Duncan Road, passing the Sixth Avenue/Bukit Timah traffic junction, lights were green at that time.




As I passed the traffic lights and my car naturally merged onto the middle lane on Duncan Road, a taxi (SKD 3212K) was speeding and coming out of the Slip Road (Turf Club Road) onto Duncan Road.

Instead of taking the innermost lane first when coming out from Turf Club Road onto Duncan Road, the taxi sped right into the middle lane without gradually filtering, thereby hitting my car on the left rear fender/door/wheel area with a loud bang.

As a result of that, the rear left door, rear left fender, left side of the rear bumper and left hind wheel rims were damaged & scratched.

DECLARATION

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

 Policyholder's Signature Date & Time: 29/6/2020 11:15 am	 Driver's Signature (If driver is not the policyholder) Date & Time: 29/6/2020 11:15 am	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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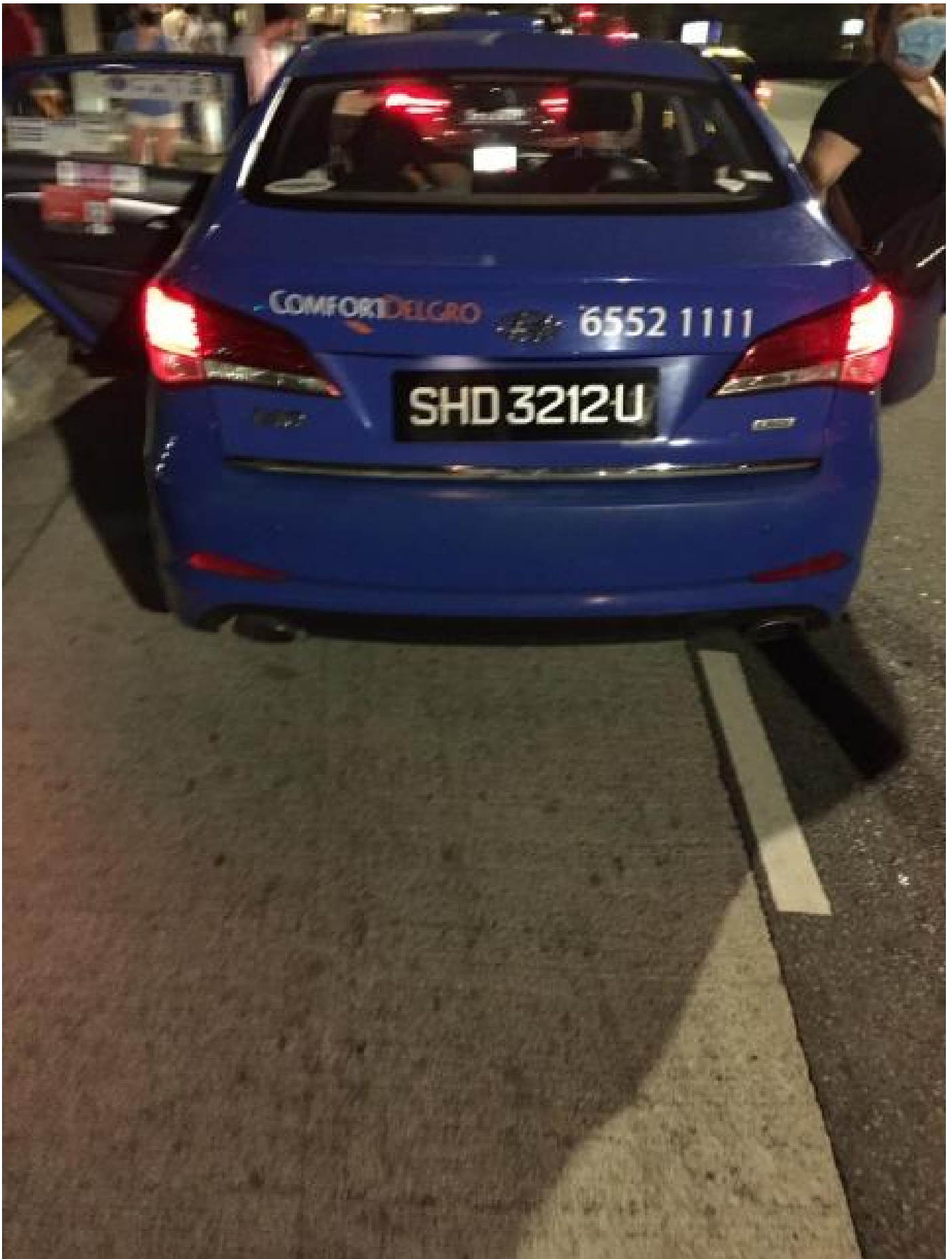
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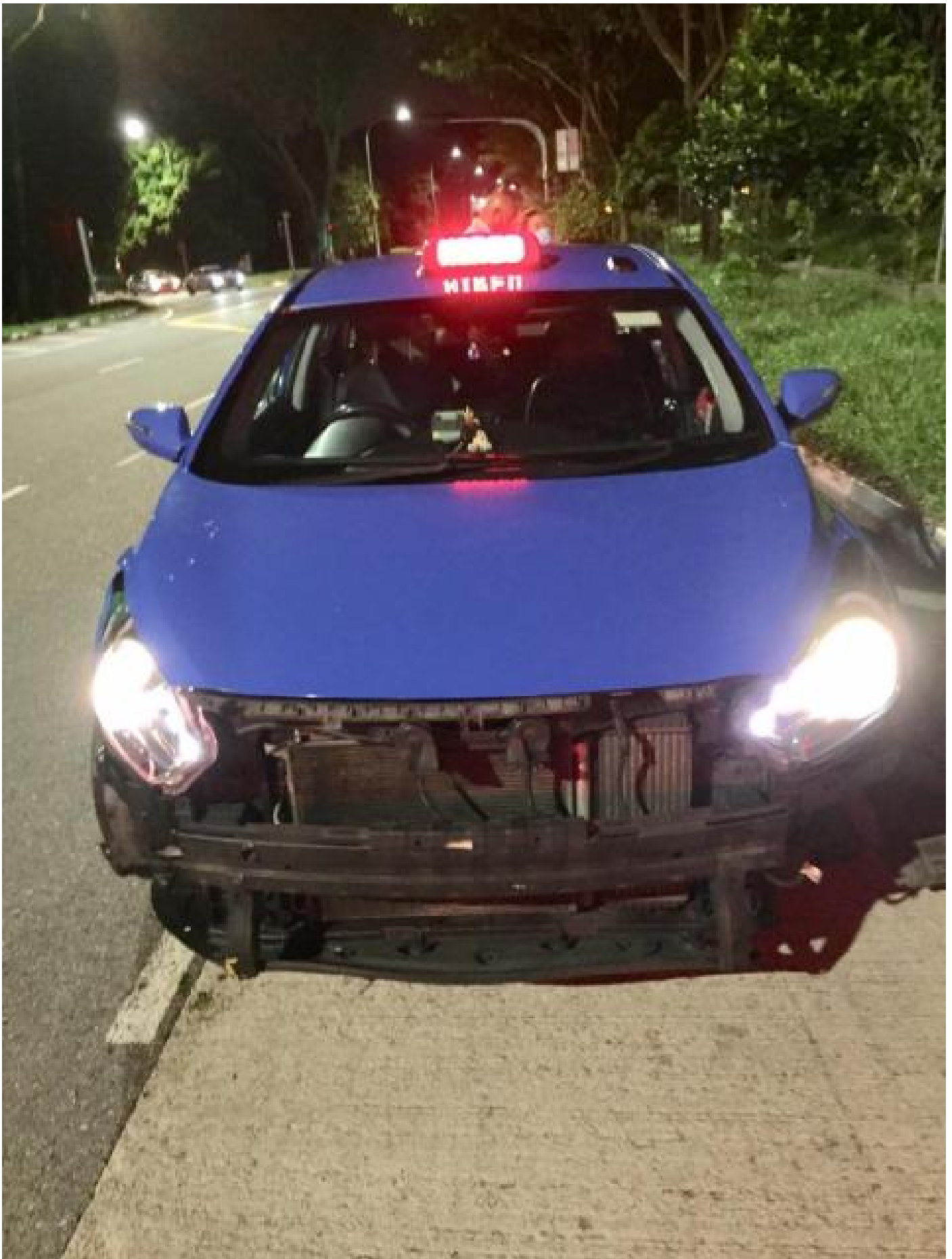
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