

## 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	17/09/2020 16:55
Date Of Accident	17/09/2020 14:10
Exact Location Of Accident	DUNEARN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5390R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAO DI
Passport No/FIN	GXXXX262Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90000000
Alternative Phone No	OFFICE-90000000

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLE400-3.0 4MATIC (A)

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 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	GA493022
Cover Note Number	

### Driver

Name of Driver	DING HAOMIN
Passport No/FIN	GXXXX175U
Date Of Birth	23/07/1968
Occupation	INDOOR
Date Of Driving Pass	03/07/2020
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86509329
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 13 LEEDON HEIGHTS #35-47  
 Postcode 266224  
 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 -  
 -  
 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  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? YES  
 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: : GAO DI  
 GENDER: : FEMALE

Passenger 2 NAME: : WILLIAM  
 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**

PLEASE REFER TO SKETCH PLAN

**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 SJE1496B  
 Vehicle Make/Model/Colour HONDA CIVIC  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver LEE KEM WAT  
 NRIC/Passport Number SXXXX607D  
 Contact Number  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	DING HAOMIN
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SMD5390R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

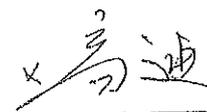
SKETCH PLAN

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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.

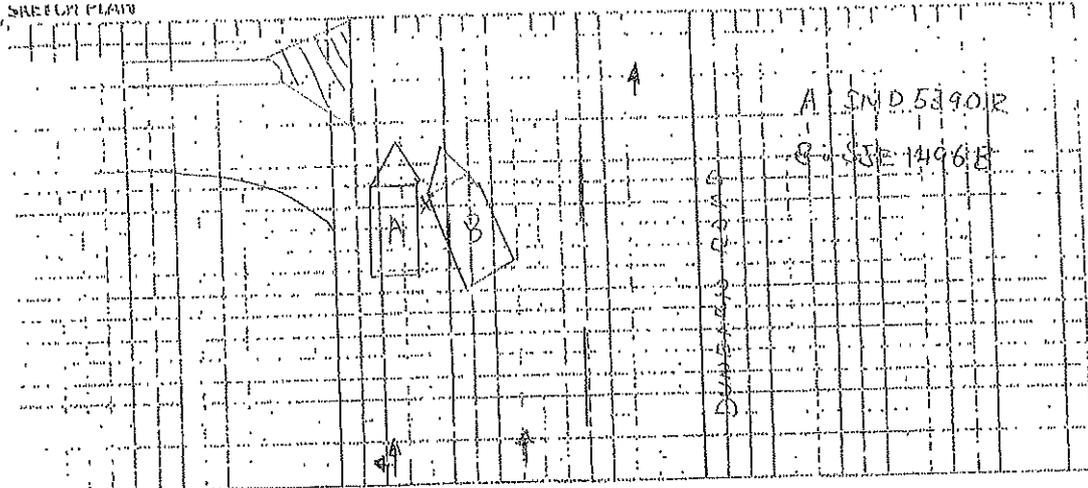
  
 Policyholder's Signature  
 Date & Time:

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

17/9/2020  
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

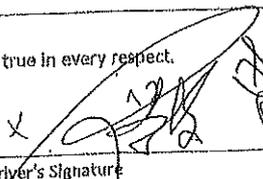
On 17/09/2020 at around 2:10 pm, I was travelling along dunearn road on the extreme left lane. While moving straight all of the sudden a vehicle (SJE 14968) which was in the middle lane cut into my lane and collided onto my right portion of my vehicle.

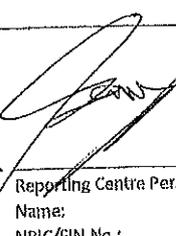
TP Claim at my workshop MBM. Pls email report to them. Email: [DANNYONG@MBMWHEELPOWER.COM.SG](mailto:DANNYONG@MBMWHEELPOWER.COM.SG)

DECLARATION

I/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:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

