

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	23/10/2020 14:47
Date Of Accident	22/10/2020 14:00
Exact Location Of Accident	JALAN BUKIT MERAH RD B4 LOWER DELTA RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7427J
Insured/Policyholder	
Name Of Registered Owner	KAJIO RENTALS
Co Reg No	53387434C
Email Address	KAJIORENTALS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97295873
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AD AVANTE-1.6 GLS S (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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	P2341060
Cover Note Number	

Driver

Name of Driver	LIM ENG KEE
NRIC No	S8213161B
Date Of Birth	02/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2010
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98898268
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	33 BANGKIT ROAD #10-02
Postcode	679974
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
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: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF7088R
Vehicle Make/Model/Colour	TOYOTA//VELFIRE ELEQANCE 2.4A/BLACK
Details Of Properties	REAR BUMPER
Vehicle Category	PRIVATE HIRE
Name of Driver	KAMAL BIN MOHAMMAD NOR
NRIC/Passport Number	S1801961B
Contact Number	97587496
Address	856D TAMPINES ST 82 #04-184
Postcode	524856

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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.

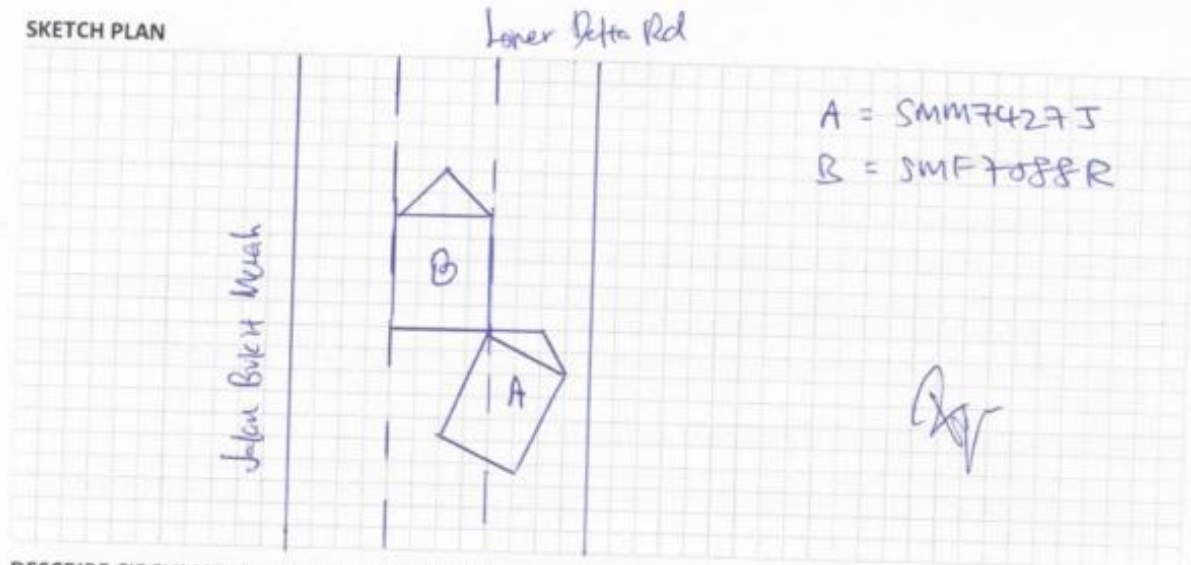

Policyholder's Signature
Date & Time: 


Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/10/20 12.40pm


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 2pm 22/10/2020, I was travelling along ~~Lower Delta Rd~~ Jalan Bukit Merah at the Lower Delta Rd junction ~~where~~ and traffic light was red so I stopped ~~at~~ in the middle lane. I intended to filter right to the ~~last~~ outer lane as the vehicle in front of me SMF7088R was a big vehicle and I ~~am~~ am unfamiliar with the roads there. After checking my blind spot and ~~confirming~~ confirming that there was no vehicle on my right, ~~in my~~ i switched on my right filter and began to filter. The light has ~~the~~ turned green and I noticed the cars around me are moving. Out of a sudden, ~~the~~ I heard a knocking sound on the left hand side of my vehicle, I did not know what it was and ~~soon~~ soon came to realise that the left front bumper of my vehicle has collided with the ~~rear~~ rear right bumper of the vehicle in front of me. I then proceed to shift my vehicle to the roadside and exchange particulars with the ~~the~~ third party. We were both fine and there were no injury involved for both parties. Weather was clear and dry and vehicles were just off the stationary position.

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: 23/10/20 12.40pm

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

DRIVER'S SIGNATURE (print name)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

6 1273 km



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



Accident Photo



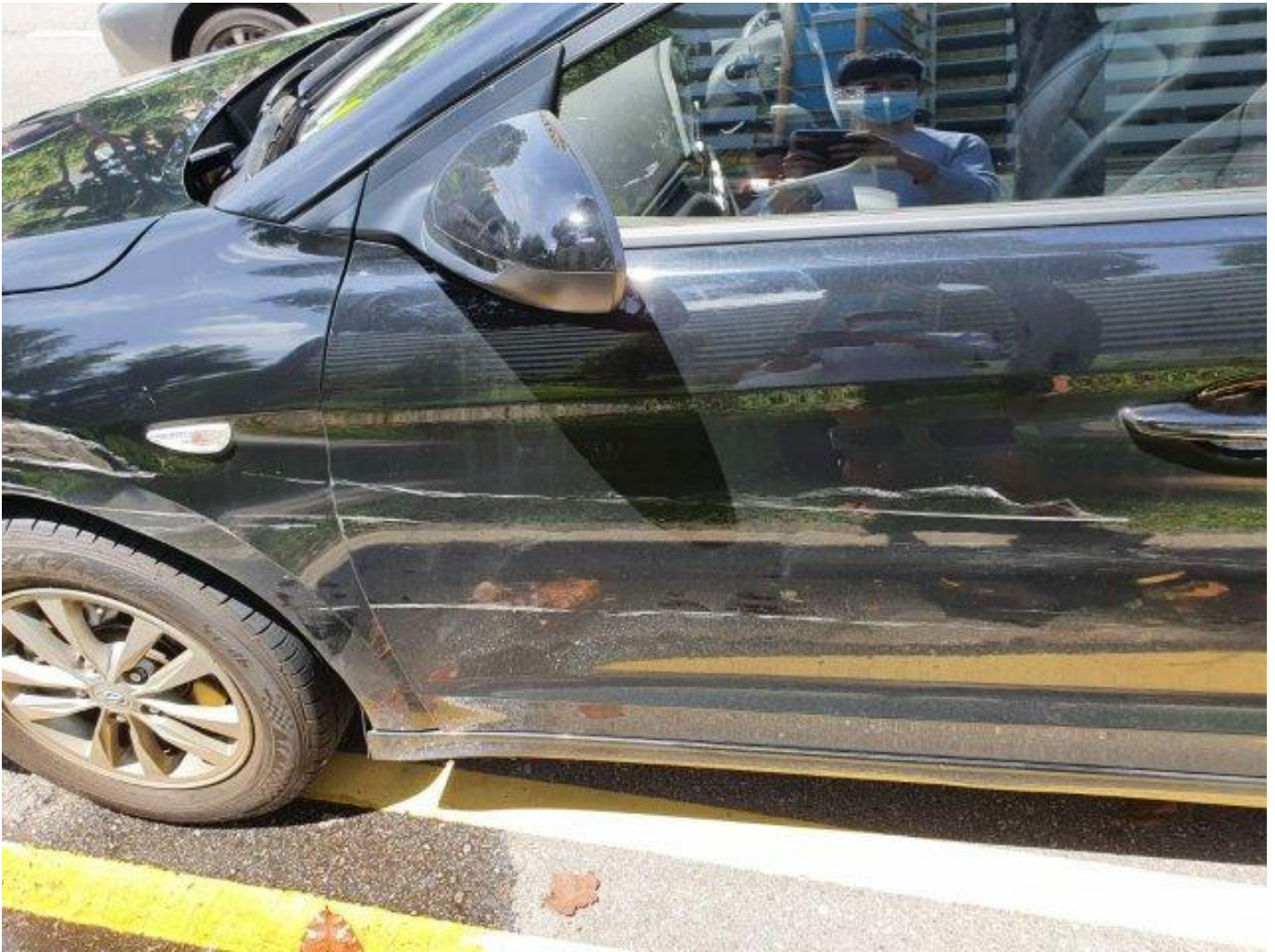
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