

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 Submission	15/12/2020 08:38 (SGT)
Date of Accident	12/12/2020 18:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	Towards Changi
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7163J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NGOOI LYN MIEN
NRIC No	SXXXX570I
Email Address	LYN.NGOOI@GMAIL.COM
Mobile Phone No	(Phone) +65-96383590
Alternative Phone No	+65-96383590

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA426843
Cover Note Number	-

DRIVER

Name of Driver	NGOOI LYN MIEN
NRIC No	SXXXX570I
Date Of Birth	17/04/1978
Occupation	Indoor

Date Of Driving Pass	13/06/2007
Driving experience	13 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96383590
Alt. Phone Number	+65-96383590
Email Address	LYN.NGOOI@GMAIL.COM
Address	BLK 604 ELIAS ROAD #08-214
Address complement	-
Postcode	510604
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Drizzling
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHILDREN(SON)
Gender	Male

PASSENGER 2

Name	INFANT(DAUGHTER)
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer 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	SMC5486D
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	YEO CHEE BOON
Passport No/FIN	SXXXX590C
Contact Number	(Phone) +65-96582965
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Handwritten sketch plan on a grid background. The sketch shows a road layout with a vertical line labeled 'Changi' at the top. To the right of the vertical line are two rectangular boxes labeled 'A' and 'B'. Below the vertical line are three vertical lines labeled '3', '2', and '1' from left to right. To the right of the sketch, there is handwritten text: 'A: SLV 7163J' and 'B: SMC 5486C'. At the bottom right, there is a signature 'Ple'.

Describe Circumstances of the Accident

Ref- Attach statement.

Declaration

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

x2y



INSURER ENQUIRY


Find

insurer

Vehicle reg. no.

SMC5486D

Date of Accident

12/12/2020 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance QBE

Period of Insurance 15/10/2019 - 03/04/2021

Requested By GOH WEE DEK (PREMIER AUTO...

Requested Date 15/12/2020 08:40

Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**