

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 14:18 (SGT)
Date of Accident 14/12/2020 19:20 (SGT)
Exact Location of Accident Near 372 Dunearn Rd, Singapore
Additional Location Information DUNEARN ROAD BEFORE JUNCTION OF ADAM ROAD /
FARRER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE233B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH SHU FONG
NRIC No SXXXXX928H
Email Address p.goh88@gmail.com
Mobile Phone No (Phone) +65-97373116
Alternative Phone No +65-97373116

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
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 GA223157/1
Cover Note Number -

DRIVER

Name of Driver GOH SHU FONG
NRIC No SXXXXX928H
Date Of Birth 11/05/1976

Occupation	Indoor
Date Of Driving Pass	09/06/1997
Driving experience	23 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97373116
Alt. Phone Number	+65-97373116
Email Address	p.goh88@gmail.com
Address	8 CORONATION ROAD
Address complement	-
Postcode	269411
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 TO STATEMENT

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	SLQ9662Z
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	OON CHIAN YI, GABRIEL
NRIC No	SXXXX397B
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1


Name of injured person GOH SHU FONG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLE233B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**


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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 15/12/2020

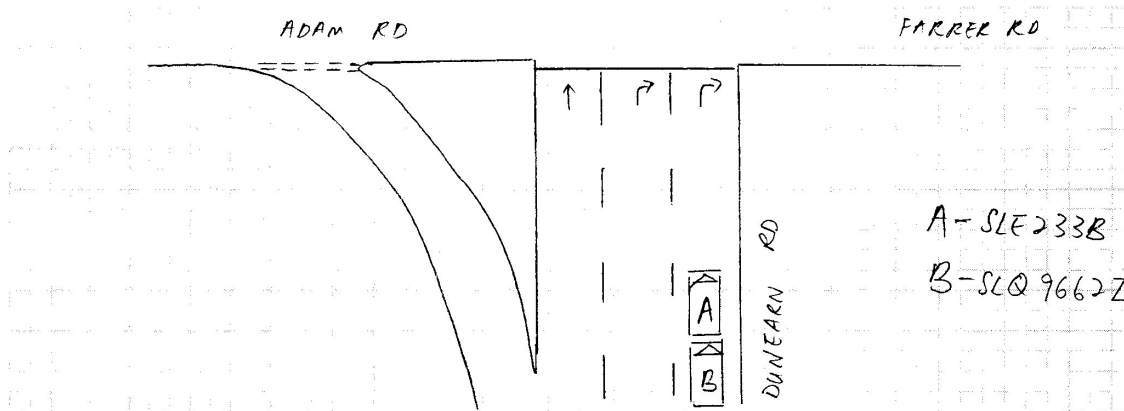
Policyholder's Signature / Date & Time

 15/12/2020

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

 15/12/2020

Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

I was ~~stationary~~ stationary at the traffic light. Car B suddenly hit the rear of my car with a loud bang. I was caught unaware and my body was thrown forward by the impact with my seatbelt on and my ~~back~~ back hit the car seat. ~~At 7:20pm on 14/12/2020~~ Time of accident is 7:20pm on 14/12/2020.

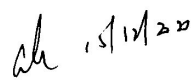
At around 9pm, my shoulder and neck were aching in pain and I went to Mount E (A&E). As its approaching 11pm, A&E doctor refer my to see orthopedic the next day.

Declaration

We declare the foregoing particulars are true in every respect.

 15/12/2020
Policyholder's Signature / Date & Time

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

 15/12/2020
Witnessed by Reporting Centre Personnel









