

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	10/12/2020 18:26 (SGT)
Date of Accident	09/12/2020 15:30 (SGT)
Exact Location of Accident	Junction off Jalan Boon Lay & Boon Lay Way, Jurong Central Park, Singapore 609961
Additional Location Information	MCDONAL'S JURONG CENTRAL PARK OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	HO KOK CHWEE
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO KOK CHWEE
NRIC No	SXXXX898B
Email Address	hock16888@gmail.com
Mobile Phone No	(Phone) +65-92364293
Alternative Phone No	+65-92364293

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2178979
Cover Note Number	-

DRIVER

Name of Driver	HO KOK CHWEE
NRIC No	SXXXX898B
Date Of Birth	29/07/1969

Occupation	Indoor
Date Of Driving Pass	23/07/1993
Driving experience	27 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92364293
Alt. Phone Number	+65-92364293
Email Address	hock16888@gmail.com
Address	BLK 474 CHOA CHU KANG AVENUE 3 #08-187
Address complement	-
Postcode	680474
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

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)	0
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

ON 09/12/2020 @ ABT 1500HRS. AFTER I FINISH MY LUCN AT MCDONAL'S JURONG CENTRAL PARK, I THEN GO TO RETRIEVE MY VEHICLE AT THE CARPARK. WHEN I REACH MY VEHICLE I FOUND THAT MY VEHICLE'S FRONT BUMPER HAVE SOME SCRATCHES WITH YELLOW PAINT. AT THE SAME TIME, THERE IS A VEHICLE GBF3944B WHICH ALSO HAVE YELLOW WAS PARKED AT MY RIGHT CARPARK LOT. I THEN CHECK ONTO THE VEHICLE & FOUND THAT THE VEHICLE HAVE SOME SCRATCHES AT THE LEFT SIDE & THE HEIGHT SAME AS MY SCRATCHES. I THEN FIND THE DRIVER AS THE DRIVER WAS INSIDE THE VEHICLE. HE THEN CAME DOWN TO CHECK & HE TOLD ME THAT HE DIDN'T FEEL ANY IMPACT. WE THEN EXCHANGE OUR PARTICULARS & DECIDED DO FOR INSURANCE CLAIM. THAT'S ALL.

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	GBF3944B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle


Name of Driver	THANAKORN
Contact Number	(Phone) +65-97397407
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**


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7. By the lodgment 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.
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.

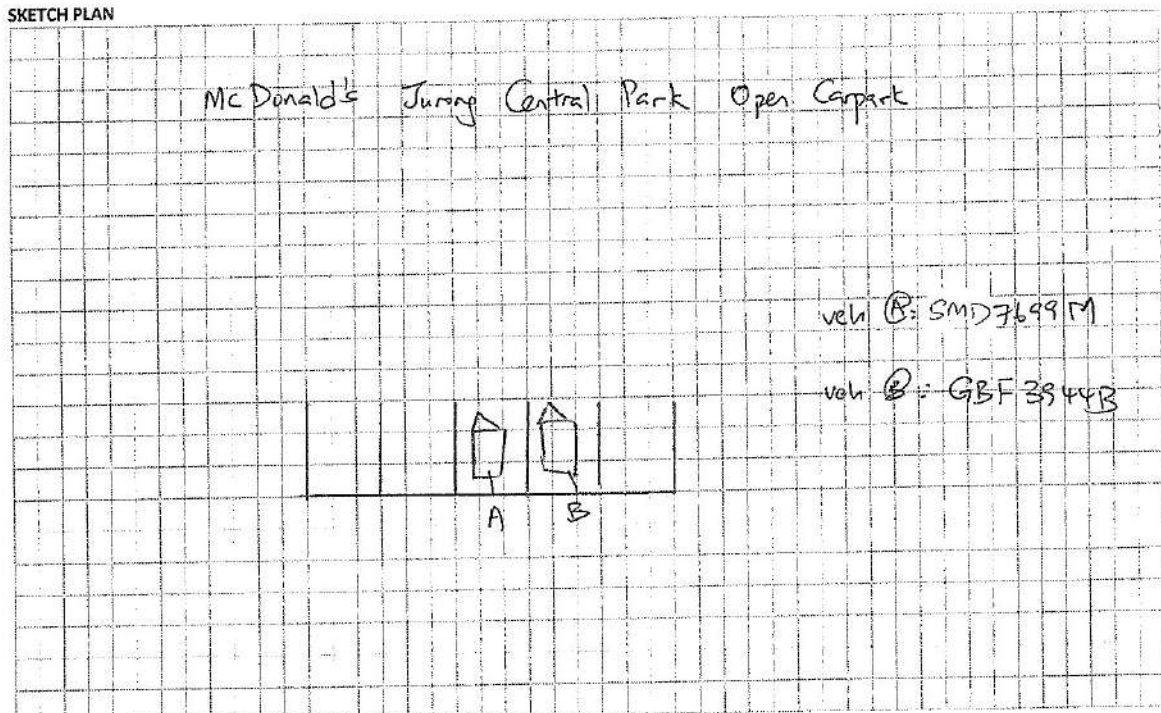
I AM AWARE THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.


 Policyholder's Signature
 Date & Time: 9/11/2020 4pm

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/12/2020 @ abt 1500hrs. After I finish my lunch at McDonald's Jurong Central Park, I then go out to retrieve my vehicle at the carpark. When I reach my vehicle I found that my vehicle's front bumper have some scratches with yellow paint. At the same time, there is a vehicle GBF3944B which also have yellow point was parked at my right car park lot. I then checks onto the vehicle & found that the vehicle have some scratches at left side & the height same as my scratches. I then find the driver as the driver was inside the vehicle. He then came down to check & he told me that he didn't feel any impact. We then exchange our particulars & decided go for insurance claim. That's all

DECLARATION

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

Policyholder's Signature

Date & Time: 9/12/2020 4pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

☐ Claim own policy

☒ Claim third party

☐ Claim OD / TP at other workshop

☐ For record purpose

Policy No. JPA192178979

Insurer AXA (C) Veh.No. SMD7699M



















