

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	28/12/2020 15:16 (SGT)
Date of Accident	27/12/2020 18:30 (SGT)
Exact Location of Accident	Near 900 Serangoon Rd, Boon Keng, Singapore 328260
Additional Location Information	JUNCTION ON BOON KENG ROAD TO SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT269U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAJESH SINGH S/O KARTAR
NRIC No	SXXXX989B
Email Address	RAJ1044L@AOL.COM
Mobile Phone No	(Phone) +65-97913225
Alternative Phone No	+65-97913225

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	VPA/P2021117
Cover Note Number	-

DRIVER

Name of Driver	MALVIN RAH SINGH S/O RAJESH SINGH
NRIC No	SXXXX261I
Date Of Birth	23/09/1997
Occupation	Indoor

Date Of Driving Pass	24/12/2020
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-96895909
Alt. Phone Number	-
Email Address	RAJ1044L@AOL.COM
Address	APT BLK 5 BOON KENG ROAD #02-84
Address complement	-
Postcode	330005
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Cross Junction
Weather Conditions	Raining
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)	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 SKETCH PLAN & 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	SLE3765M
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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

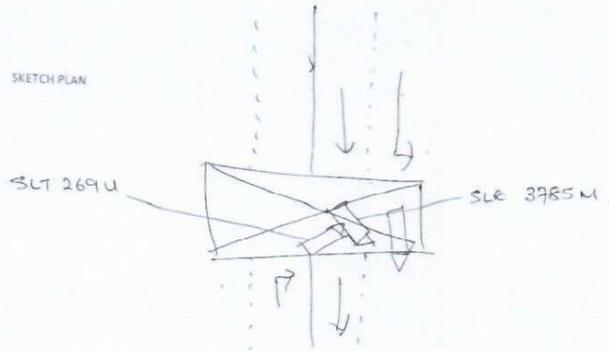
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the writing and to copies of the report being made available elsewhere.
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 (and 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 may (and will) transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers 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 being about delivery of the same as well as to the external cover of invoices/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with the claims (collectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in the accident and the insurers' lawyers/law firms, may (and 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 (and can be) disclosed by any of the insurers and/or sent 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: 28-12-2020 1335 hrs.	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS MAKING A RIGHT TURN FROM DEEN KHALI ROAD TO SERANGOON ROAD. THE GREEN ARROW WAS THERE FOR ME TO TURN. AND WHEN I WAS DEEP INTO THE YELLOW BOX AT THE JUNCTION ALREADY TURN LIKE 70%, A BRONZE VEZEL CUT ACROSS ME AND BEFORE I COULD JAM BRAKE, I HIT THE ~~LEFT~~ SIDE OF HIS CAR I WAS TRAVELLING AT A SLOW SPEED AS IT WAS SLIGHTLY RAINING AND I DID NOT WANT TO ACCELERATE TO TURN ON THE TURN.

DECLARATION

I/We declare the foregoing particulars are true to the best of my/our knowledge.

Rajesh Singh.

28.12.2020

1330 hrs.