

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	11/02/2021 14:17 (SGT)
Date of Accident	10/02/2021 21:45 (SGT)
Exact Location of Accident	Near 1068 Eunos Avenue 5 409747 Eunos Ave 5, Singapore 409747
Additional Location Information	JUNCTION OF EUNOS ROAD 8 & EUNOS AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ9997G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN SIEW MEI
NRIC No	SXXXX675C
Email Address	jennifer_fur@hotmail.com
Mobile Phone No	(Phone) +65-96329905
Alternative Phone No	+65-96329905

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	VA1/GA260902
Cover Note Number	21/09/2020-20/09/2021

DRIVER

Name of Driver	NASR JENNIFER JEAN
NRIC No	SXXXX518E
Date Of Birth	17/07/1990

Occupation	Indoor
Date Of Driving Pass	20/01/2011
Driving experience	10 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-88877044
Alt. Phone Number	-
Email Address	jennifer_fur@hotmail.com
Address	136A TANJONG KATONG ROAD
Address complement	-
Postcode	436976
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	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?	No
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

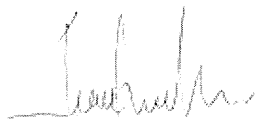
SKETCH PLAN

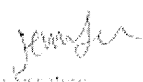
IMPORTANT NOTICE

1. Please do not corruptly tamper with the details of the accident report and do not destroy the document.
2. The form must be completed by the Policyholder and/or the Authorised Driver.
3. All information must be as truthful and accurate as possible. Any wilful misstatement or omission may constitute an offence and may be taken as evidence to repudiate policy liability.
4. The use of any form of this form by someone other than the insured or policy holder on the part of the insurance company.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the Civil Records Management Centre established by the General Insurance Association of Singapore (GIAs) for archival and to be kept in this report will be made available upon application by interested parties.
7. By the completion 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 as aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, I have read, agree and consent to:

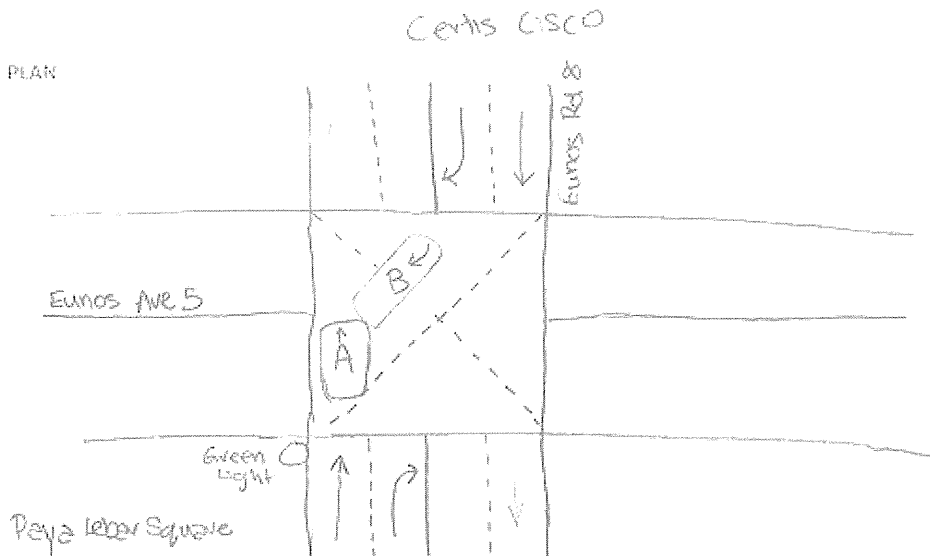
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/information set out in this form and any other personal information provided by me or possessed by my insurer collectively the "Personal 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 purposes) of
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the making 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/and 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/are 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 situated outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (a) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing claims, 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
 (If driver is not the policyholder)
 Date & Time
 11 Feb 2pm


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time
 11 Feb
 2pm


 Reporting Centre Personnel's Signature
 Name
 NRIC/IN No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A = Me (SFZ 9997G)

B = Lorry (G BB 5280R)

On 10 Feb 2021 at 2:45pm, I was driving straight on Eunos Rd 8 during my green light. As I passed the junction, a lorry collided into my car. He was on Eunos Road 8 making a discretionary right turn toward Eunos Ave 5. I braked when I saw him and he collided into me. My door was jammed and I exited via the passenger door. No parties were injured and the incident did not involve any other people, vehicles or road structures. The impact was on the corner of the driver's side of my car and the driver's side of his lorry.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim IP
<input checked="" type="checkbox"/> Claim OD / IP at other workshop

DECLARATION

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

Policyholder's Signature
 Date & Time: 11/02/2021 2:05pm

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 11 Feb 2021 2pm

Reporting Officer / Personnel's Signature
 Name:
 NRIC/ID NO: