

# 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 ..... 05/03/2021 17:22 (SGT)  
 Date of Accident ..... 04/03/2021 17:30 (SGT)  
 Exact Location of Accident ..... 3014A Ubi Rd 1, Singapore 408703  
 Additional Location Information ..... -  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJZ1365K

### INSURED/POLICYHOLDER

Is company? ..... No  
 Name Of Registered Owner ..... YOW CHWEE LIAN  
 NRIC No ..... S0129387G  
 Email Address ..... YCL0212@GMAIL.COM  
 Mobile Phone No ..... (Phone) +65-96604546  
 Alternative Phone No ..... (Office) +65-67493825

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
 Model ..... E200  
 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 - Reporting only  
 Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... Axa  
 Type of Coverage ..... Comprehensive  
 Fleet Policy ..... No  
 Policy Number ..... GA069266  
 Cover Note Number ..... -

### DRIVER

Name of Driver ..... YOW CHWEE LIAN  
 NRIC No ..... S0129387G  
 Date Of Birth ..... 02/12/1952  
 Occupation ..... Indoor

Date Of Driving Pass .....	22/03/1975
Driving experience .....	46 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-96604546
Alt. Phone Number .....	(Office) +65-67493825
Email Address .....	YCL0212@GMAIL.COM
Address .....	14 SEA BREEZE WALK
Address complement .....	-
Postcode .....	487402
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 .....	Collided into Parked Vehicle
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

REFER TO ATTACHED  
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### 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 .....	SGH2477U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	PETER TAN
NRIC No .....	S8402507J
Contact Number .....	(Phone) +65-91221225
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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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.

## 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.

*[Signature]*

Policyholder's Signature / Date & Time

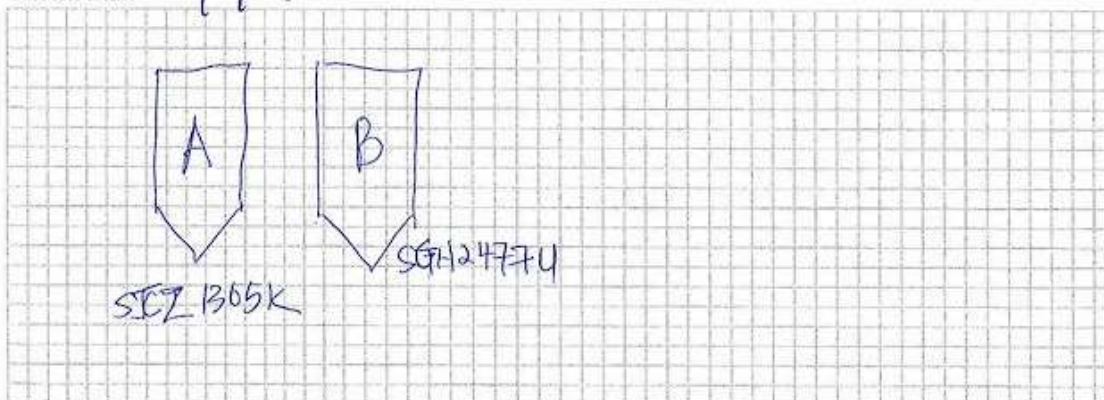
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*

Witnessed by Reporting Centre Personnel

Sketch Plan

5/3/21



## Describe Circumstances of the Accident

My car was parked at Block 3014A Ubi Road / Carpark. At around 5:30pm, someone from Mapletree office called to inform me to go down to the carpark where I parked my car. A police officer was there and I was told that the other vehicle 56H2417U has reported that I have forced his car front (wheel area, photo available). He asked to report to insurance for claims.

The ~~cause~~ <sup>damage</sup> was a slight ~~ex~~ scrape on the front and top of ~~the~~ right front wheel but he has insisted that I pay for his light which was not damaged by my car.


## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time  
5/3/21.

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

  
Witnessed by Reporting Centre Personnel



























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 – 17:00  
 UEN: S96590020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SP0U21350008 Vehicle Registration No: SJZ1365K  
 Name (as shown in NRIC): Yew Chwee Lian NRIC/FIN/Passport No: 501293874  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96604546  
 Email Address: \_\_\_\_\_  
 Date of Accident: 4/2/2021 Time of Accident: 1730 hrs  
 Place of Accident: Bik 3014A Ubi Rd 1 Clp  
 Insurance Company: AXA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Contact No.

→ [Signature]  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

**PROGRESSIVE CAR CARE PTE LTD**  
 Bik 3022A Ubi Road 1 # 01-45/46  
 Singapore 408718  
 Tel: 6741 5336 Fax: 6741 7208  
 Email: [claims@progressivecars.com.sg](mailto:claims@progressivecars.com.sg)  
 Reporting Centre's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_