

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	25/03/2021 10:46 (SGT)
Date of Accident	24/03/2021 08:20 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS9978L
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HUAH SUN
NRIC No	SXXXX963C
Email Address	DAVIERCFAR@GMAIL.COM
Mobile Phone No	(Phone) +65-91881662
Alternative Phone No	(Home) +65-91881662

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA327822/1
Cover Note Number	-

DRIVER

Name of Driver	DAVIER TAN GUO RUI
NRIC No	SXXXX033D

Date Of Birth	19/08/1997
Occupation	Indoor
Date Of Driving Pass	24/02/2016
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91881662
Alt. Phone Number	-
Email Address	DAVIERCFAR@GMAIL.COM
Address	25 PASIR RIS GROVE #06-48
Address complement	-
Postcode	518072
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM SOO HENG
Gender	Female

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

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	GBG1233C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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) _____

1. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

2. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

3. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

4. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

5. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

6. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

7. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

8. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

9. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

10. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

11. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

12. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

13. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

14. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

15. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

16. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

17. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

18. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

19. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.

20. The insured hereby declares that the above information is true and correct to the best of his knowledge and belief.


Signature of Driver _____
 Signature of Insurer _____
 Signature of Witness _____


Stamp of Insurer _____
 Stamp of Witness _____
 Stamp of Driver _____

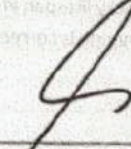
SKETCH PLAN

IMPORTANT NOTICE

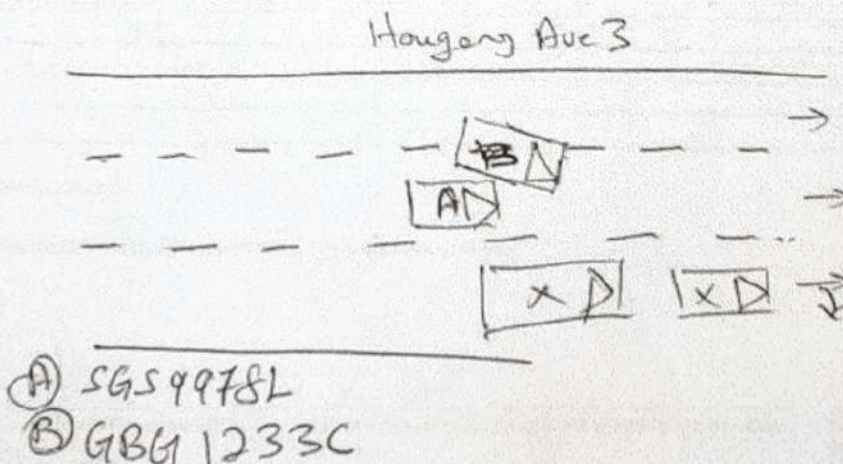
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. The 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.
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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



↓
Lor Ah Soo

Describe Circumstances of the Accident

On mentioned date and time, I was travelling along the said road on centre lane of 3 lane road. (Lane 2) before junction of Lorong Ah Soo. Suddenly a lorry (veh B) on lane 3 filter into lane 2 abruptly and collided onto my vehicle left front portion. After collided onto my vehicle, veh B continue to drive on. I sounded my horn to alert veh B but he still continue driving. I decided to give a chase and manage to talk to veh B driver at petrol kiosk (Shell).

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel