

# 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 .....	22/03/2021 15:36 (SGT)
Date of Accident .....	20/03/2021 22:02 (SGT)
Exact Location of Accident .....	230 Stadium Blvd, Singapore 397799
Additional Location Information .....	OPEN SPACE CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMG811K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KENN LAI TAI KANG
NRIC No .....	SXXXX800E
Email Address .....	freckleskenn@hotmail.com
Mobile Phone No .....	(Phone) +65-98421482
Alternative Phone No .....	+65-98421482

### VEHICLE PARTICULARS

Manufacturer .....	Daihatsu
Model .....	Copen
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 .....	659

### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	GA335346
Cover Note Number .....	-

### DRIVER

Name of Driver .....	KENN LAI TAI KANG
NRIC No .....	SXXXX800E

Date Of Birth .....	29/10/1992
Occupation .....	Outdoor
Date Of Driving Pass .....	13/09/2011
Driving experience .....	9 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98421482
Alt. Phone Number .....	+65-98421482
Email Address .....	freckleskenn@hotmail.com
Address .....	BLK 5A LORONG 37 GEYLANG #04-03
Address complement .....	-
Postcode .....	387914
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 .....	Collision - Head to Rear
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) .....	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

ON 20/03/2021 AT ABOUT 2200HRS, I WAS REVERSING MY VEHICLE TO PARK MY CAR INTO THE PARKING LOT. VEHICLE B DASHED OVER WHILE I WAS REVERSING AND COLLIDED ONTO THE REAR PORTION OF MY CAR.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBQ7646C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	HILMAN SHAH BIN HAZRIM
Contact Number .....	(Phone) +65-97737709
Address .....	-

Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... VEHICLE B  
No. Of Passenger (Including Driver) ..... -

#### WITNESS DETAILS

##### WITNESS 1

Name ..... CHERYL  
Phone ..... (Phone) +65-96557159  
Email ..... -

##### WITNESS 2

Name ..... JAMES  
Phone ..... (Phone) +65-88152185  
Email ..... -

SKETCH PLAN

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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:

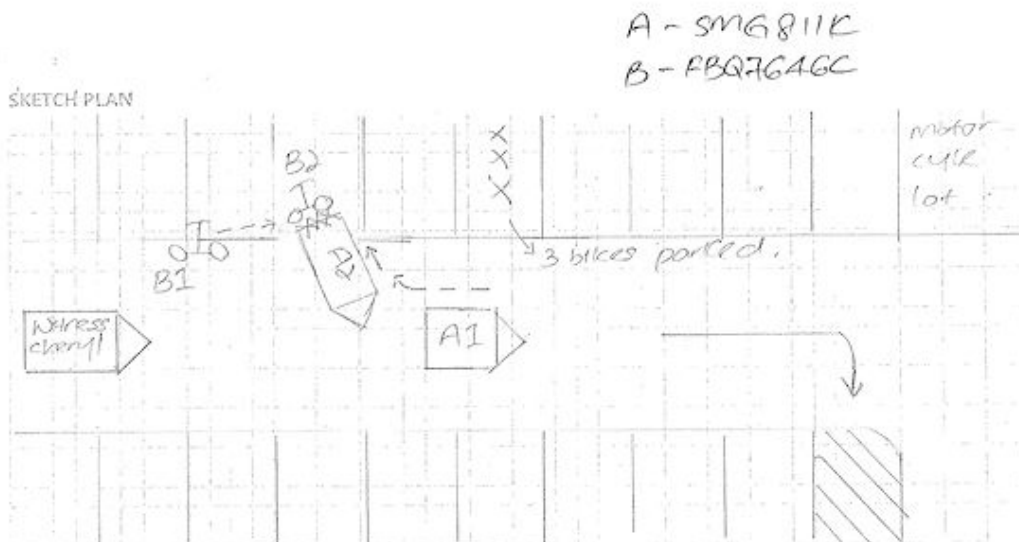
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature  
Date & Time:

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

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

I hereby authorize SNE Motor Pte  
send my accident report to german casgarose-sf



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/03/2021, at about 2200hrs, I was reversing my vehicle to park my car into the parking lot. Vehicle B dashed over while I was reversing and collected onto the rear portion of my car.

DECLARATION

I/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:

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

20/3/2021  
10:04 pm

This is to acknowledge that there has been an accident involving

Hilman Shah Bin Hazvin FB# 76466  
and Kenn Lai Tai Kong SMG 811K

at the carpark of Deathlon Kallang on the above date and time whereby the said car reversed and hit the canconing vehicle (motorbike) on the left side.

Both agreed to settle via insurance  
No medical claim for now & later & no injury report

THE END

Kenn Lai Tai Kong

Hilman Shah Bin Hazvin

## LETTER OF UNDERTAKING

I/we, KENN LAI TAI KANG, the owner of vehicle no. S7G 811K

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, CAS Garage Pte Ltd.

Signed and Acknowledge by:

S4739802  
Nric no. & signature of policyholder

Company stamp

220321  
Date