

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	13/04/2021 09:45 (SGT)
Date of Accident	12/04/2021 08:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS BEFORE JLN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7376C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHANRAJ S/O YOGESWARAN
NRIC No	SXXXX788D
Email Address	y_mohanraj@outlook.com
Mobile Phone No	(Phone) +65-93808657
Alternative Phone No	+65-93808657

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	P2415999
Cover Note Number	-

DRIVER

Name of Driver	MOHANRAJ S/O YOGESWARAN
NRIC No	SXXXX788D

Date Of Birth	02/07/1987
Occupation	Indoor
Date Of Driving Pass	08/01/2007
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93808657
Alt. Phone Number	+65-93808657
Email Address	y_mohanraj@outlook.com
Address	BLK 785C WOODLANDS RISE #13-74
Address complement	-
Postcode	733785
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	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

ON 12/04/2021 AT ABOUT 0815HRS, I WAS TRAVELLING STRAIGHT ROAD ALONG PIE TOWARDS TUAS BEFORE JALAN BAHAR EXIT 36. THE VEHICLE IN FRONT OF ME STOPPED DUE TO SLOW TRAFFIC, I FOLLOWED SUIT. VEHICLE B WAS UNABLE TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

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	SJT663M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KING KOK
Contact Number	(Phone) +65-92233876

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

SKETCH PLAN

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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 centre and to copies of the report being made available as 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 the "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 insurers who have insured in, or who are involved in this accident (all insurers) who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers", the Insurers' consent flow from the Monetary Authority of Singapore and any relevant government agency (for bona fide reasons only), for the purposes of:
 - (i) at assessing, handling and/or dealing with my claim, including the settlement of the claim; and my workshop's investigation of the accident;
 - (ii) investigating the accident and/or my claims;
 - (iii) raising out and/or dealing with my claim and/or responding to my requests by mail;
 - (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices in writing, which could involve disclosure of certain personal data about me to bring about delivery of the claims as well as on the external cover of envelopes/mail postages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (including 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 based 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 analysing, 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

12/04/2021,
2:30pm

Driver's Signature

(If different from the policyholder)

Date & Time

12/04/2021,
2:30pm

Reporting Centre Personnel's Signature

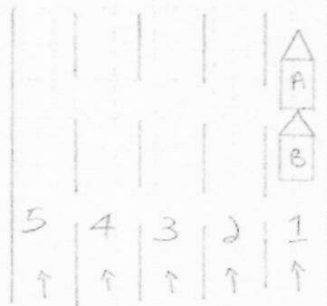
Name

NRIC/PRC No.

I hereby authorize SNE Motor Pte Ltd to provide accident report to police and insurance company

SKETCH PLAN

ALONG PE TOWARDS
TUES SECTOR
JUN BARR.



A: SKJ 7576 C


B: SJT 663 M


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/04/2021 AT ABOUT 0815HRS, I WAS TRAVELLING
STRAIGHT ROAD ALONG PE TOWARDS TUES BEFORE TAKING
PAHAR EXIT 36. THE VEHICLE IN FRONT OF ME STOPPED
DUE TO SLOW TRAFFIC. I FOLLOWED SUIT. VEHICLE B
WAS UNABLE TO STOP ON TIME AND COLLIDED ONTO
THE REAR PORTION OF MY VEHICLE.

DECLARATION

I/We declare the foregoing particulars to be true to the best of my/our belief.


Driver's Signature
Date & Time
12-04-2021,
2.30pm


Driver's Signature
Date & Time
12-04-2021,
2.30pm

Witnessing Constable's Signature
Date & Time
12/04/2021