

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 12/05/2021 21:53 (SGT)
Date of Accident 11/05/2021 06:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information 327 BUKIT TIMAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY4982D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HARRISON DORILYN CIERVO
NRIC No S7483380B
Email Address DORILYN.HARRISON@GMAIL.COM
Mobile Phone No (Phone) +65-97681627
Alternative Phone No (Home) +65-97681627

VEHICLE PARTICULARS

Manufacturer BMW
Model 420i
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1997

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA567846
Cover Note Number -

DRIVER

Name of Driver HARRISON MICHAEL JOHN
NRIC No S2718104Z

Date Of Birth	18/01/1954
Occupation	Indoor
Date Of Driving Pass	03/02/2001
Driving experience	20 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97959978
Alt. Phone Number	-
Email Address	MIKE0000.MH@GMAIL.COM
Address	BLK 299 BEDOK SOUTH AVENUE 3 #01-06
Address complement	-
Postcode	469298
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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

PLEASE 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

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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

12/5 @ 2207

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

12/5 @ 2207



Sketch Plan

NO SKETCH

Describe Circumstances of the Accident

ON TUESDAY 11 - MAY 2021 AT 6.30 AM I WAS DRIVING MY WIFE'S CAR BMW SMY4982 D ALONG BUKIT TIMAH ROAD.

I SMELT SOMETHING BURNING SO WOUND DOWN THE WINDOWS TO SEE IF IT WAS COMING FROM THE OUTSIDE. I THEN NOTICED SMOKE COMING FROM THE PASSENGER DOOR AND PULLED THE CAR OVER INTO A SERVICE STATION AT 375 BUKIT TIMAH ROAD.


ON ALIGHTING THE CAR I OPENED THE PASSENGER DOOR WHERE SMOKE WAS COMING OUT AND WAS ASSISTED BY A PASSING CUSTOMER TO REMOVE THE DOOR LINING NOTICING A CLOWING WIRES INSIDE.

I THEN ASKED THE PETROL STATION TO BRING A FIRE EXTINGUISHER AND WATER WHICH WE POURED OVER THE SMOKEING/BURNING AREA.

Declaration

We declare the foregoing particulars are true in every respect.

 12/5@
 Policyholder's Signature / Date & Time

 12/5@
 Driver's Signature (If driver is not the policyholder) / Date & Time

 12/5@
 Witnessed by Reporting Centre Personnel











