

## 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	06/07/2021 11:02 (SGT)
Date of Accident	05/07/2021 19:00 (SGT)
Exact Location of Accident	Near 96C Jln Angin Laut, Singapore 489295
Additional Location Information	Along slip road of Upper Changi Road - into Simei Avenue
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1422C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHENG LAI YIN
NRIC No	SXXXX725I
Email Address	mail_angela@yahoo.com.sg
Mobile Phone No	(Phone) +65-81862226
Alternative Phone No	+65-98516688

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P2252525
Cover Note Number	-

#### DRIVER

Name of Driver	CHENG LAI YIN
NRIC No	SXXXX725I

Date Of Birth	08/07/1967
Occupation	Outdoor
Date Of Driving Pass	01/08/2001
Driving experience	19 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81862226
Alt. Phone Number	+65-98516688
Email Address	mail_angela@yahoo.com.sg
Address	105 TANAH MERAH KECHIL AVENUE
Address complement	-
Postcode	465680
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 vehicle 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

#### REFER TO THE ATTACHED STATEMENT

#### 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	SLA6291P
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO SEOW PHENG
NRIC No	SXXXX0041
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT RIGHT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# SKETCH PLAN

## IMPORTANT NOTICE

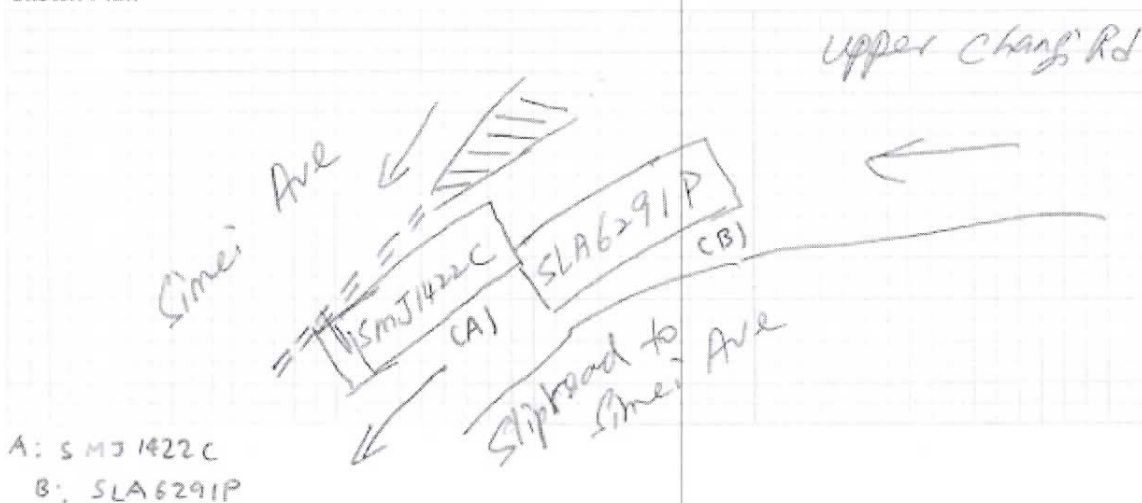
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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' 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.

*Cheng Li Yee*  
Policyholder's Signature / Date & Time

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

on 06/07/2021  
*[Signature]*  
Witnessed by Reporting Person  
ARC

## Sketch Plan





Describe Circumstances of the Accident

On 5 Jul (Mon) at 7pm, I was driving along the slip road from Upper Changi Road towards Simei Avenue.

While I was at the give way stop line, the vehicle behind me SLA 6291P hit my car's rear left.

The weather was fine and sky was clear without issue with the visibility.

I had also turned on the signal to filter out. The driver Mr. Ho Seow Pheng S2180041 explained and agreed that he had misjudged the situation and thought my vehicle was moving out.

Declaration

We declare the foregoing particulars are true in every respect.

*Chay Lai Yi*  
Policyholder's Signature / Date & Time  
6/7/2021

*Chay Lai Yi*  
Driver's Signature (if driver is not the policyholder) / Date & Time  
6/7/2021

On 06/07/2021  
*2nd*  
Witnessed by Reporting Personnel  
ARC

