

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 14/05/2021 14:18 (SGT)
Date of Accident 13/05/2021 13:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information FROM TPE ALONG SLIP ROAD LEADING TO PASIR RIS DRIVE
8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB298S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KHOO TZE KOON (QIU ZIQUN)
NRIC No S7141784J
Email Address tzekeon@gmail.com
Mobile Phone No (Phone) +65-81813063
Alternative Phone No +65-81813063

VEHICLE PARTICULARS

Manufacturer LandRover
Model DISCOVERY 3.0P S/R
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? Yes
Vehicle Category Private car
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA532632
Cover Note Number -

DRIVER

Name of Driver KHOO TZE KOON (QIU ZIQUN)

NRIC No	S7141784J
Date Of Birth	26/11/1971
Occupation	Indoor
Date Of Driving Pass	18/05/1994
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-81813063
Alt. Phone Number	+65-81813063
Email Address	tzekoon@gmail.com
Address	29 PASIR RIS WAY
Address complement	-
Postcode	518545
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	MOTHER
Gender	Male

PASSENGER 3

Name	KIDS
Gender	Female

PASSENGER 4

Name	KIDS
Gender	Female

PASSENGER 5

Name	FATHER
Gender	Male

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 ATTACHMENT.

ATTACHMENT(S)

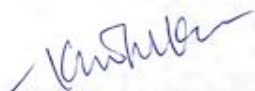
Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Was there any audio recorded? No

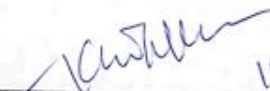
DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number SMN7660X
Vehicle Manufacturer Honda
Vehicle Model Freed
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
Name of Driver MAH YEW WENG (MAH YAORONG)
NRIC No S8138120H
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

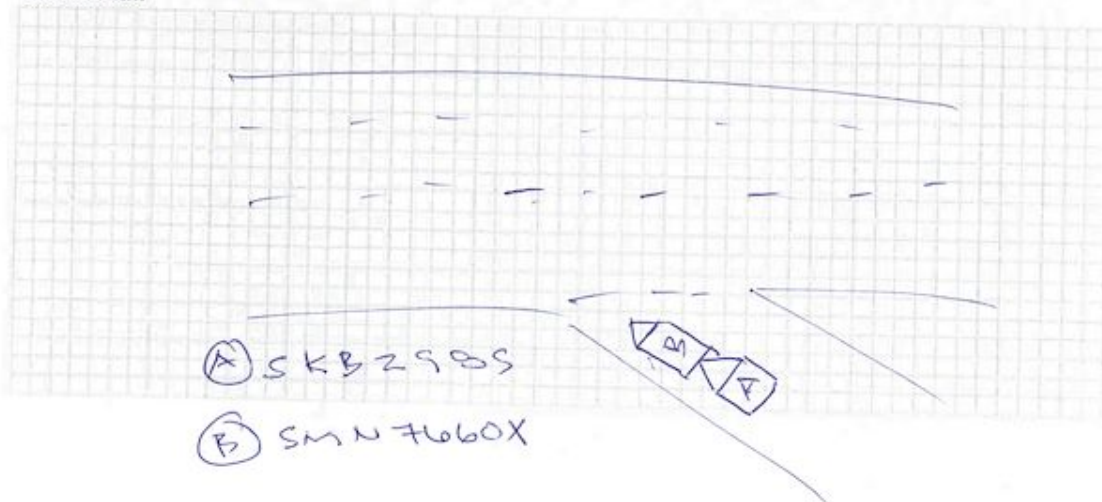
SKETCH PLAN**IMPORTANT NOTICE**

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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

 14/5/21
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

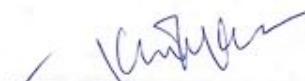
Describe Circumstances of the Accident

I was making my exit from TPE while traveling along the slip road leading to Pasir Ris Drive 4. I slowed down to look out for the oncoming traffic. Despite moving at very slow speed, I could not stop in ~~time~~ time and my car hit the car in front of me which has come to a stop.

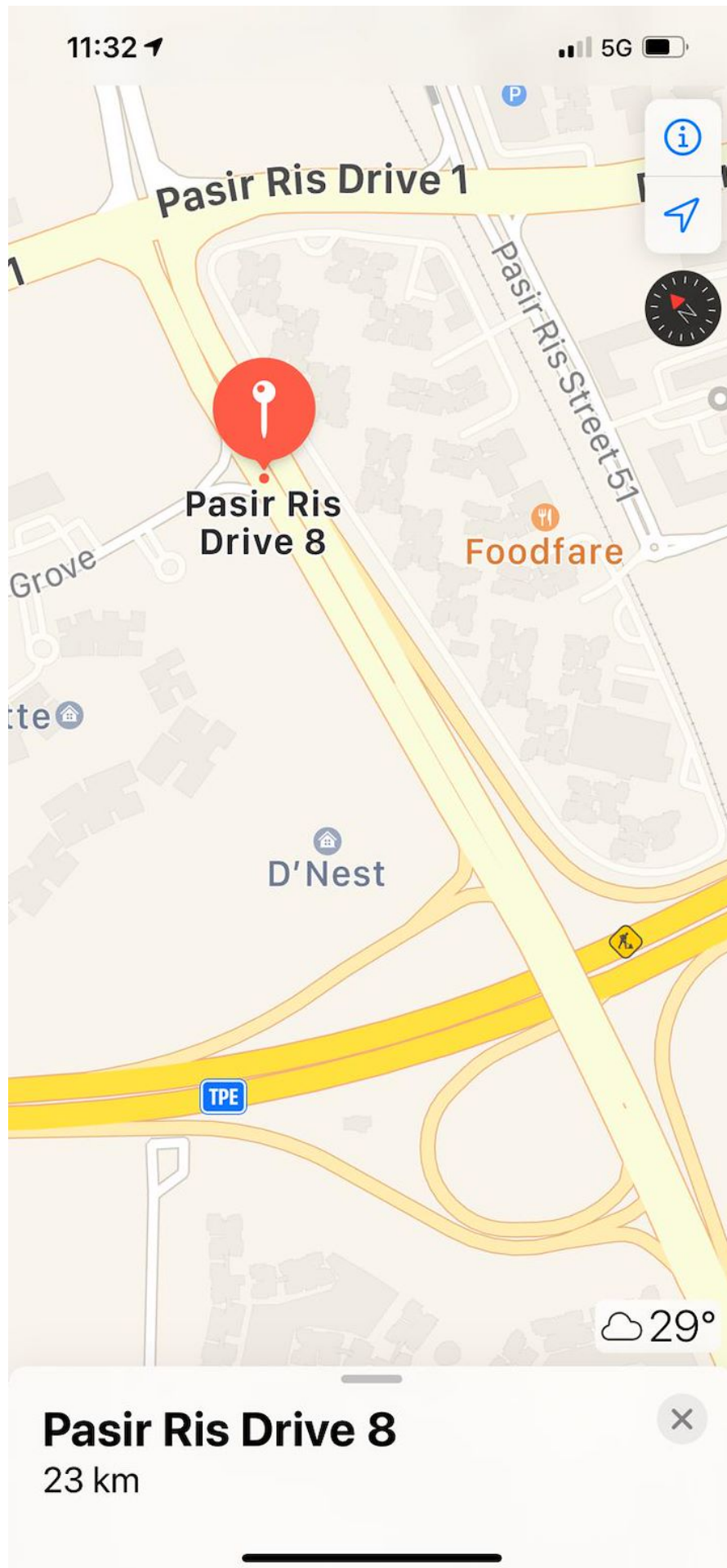
Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 14/5/21
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel





























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SW08215E0003 Vehicle Registration No: SKB2985
Name (as shown in NRIC) : KHOO TZE KOON (QIN ZI QUN) NRIC/FIN/Passport No : SXXXY7843
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 29 PASIR RIS WAY Singapore ()
Contact (Tel) : _____ Mobile No. : 81813663
Email Address : _____
Date of Accident : 13/05/2021 Time of Accident : 13:45
Place of Accident : SHP ROAD LEADING TO PASIR RIS DRIVE
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND THE REPORT TO OWN DAMAGES

[Signature] 13/5/2021
Policyholder / Driver's Signature
Date:

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