

# 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 ..... 16/07/2021 11:09 (SGT)  
Date of Accident ..... 15/07/2021 10:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... THOMSON TWDS CITY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY97K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LIVONIA PTE LTD  
Company Reg No ..... 200905393D  
Email Address ..... xinyunauto1@gmail.com  
Mobile Phone No ..... (Phone) +65-63260500  
Alternative Phone No ..... (Office) +65-63260500

### VEHICLE PARTICULARS

Manufacturer ..... Rolls Royce  
Model ..... CULLINAN V12 AUTO  
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 ..... 6749

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... P2403900  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ASHRAFUL ALAM  
NRIC No ..... S9776056Z

Date Of Birth .....	17/02/1997
Occupation .....	Indoor
Date Of Driving Pass .....	21/12/2015
Driving experience .....	5 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90056576
Alt. Phone Number .....	-
Email Address .....	sandy168@wikinson.intl.com
Address .....	3 JALAN MERLIMAU
Address complement .....	-
Postcode .....	308694
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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 SKETCH

#### 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 .....	GBH8036D
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ANTHONY SAMY DOMINIC MANGELA RAJ
Passport No/FIN .....	F8391179N
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**

SM 92K  
15/7/2024

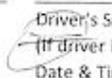
**IMPORTANT NOTICE**

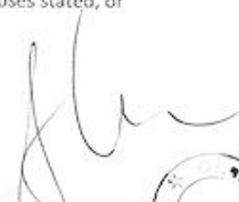
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (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: \_\_\_\_\_  

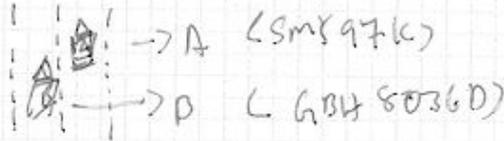

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: \_\_\_\_\_

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


SKETCH PLAN

SMY 97K

15/7/2024



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Thomson (toward city) and B vehicle GBH 8036D cut lane and hit my vehicle (SMY 97K)

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/FIN No.:















