

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	28/07/2021 15:07 (SGT)
Date of Accident	27/07/2021 15:50 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	TWDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5428Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW TYNG YEE
NRIC No	XXXXX346E
Email Address	cnc_27@hotmail.com
Mobile Phone No	(Phone) +65-98756999
Alternative Phone No	+65-98756999

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA570944
Cover Note Number	-

DRIVER

Name of Driver	SEAW BOON SWEE
NRIC No	XXXXX359J

Date Of Birth	23/07/1972
Occupation	Outdoor
Date Of Driving Pass	18/10/1996
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90074322
Alt. Phone Number	-
Email Address	cnc_27@hotmail.com
Address	BLK 951 HOUGANG AVE 9 #15-510
Address complement	-
Postcode	530951
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	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

I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN BEFORE MOVING OUT TO MACPHERSON ROAD TOWARDS PIE. WHEN THE LIGHT TURNED GREEN, I START TO MOVE UT FROM JALAN WANGI JUNCTION. AS I TURN RIGHT TOWARDS MACPHERSON ROAD, SUDDENLY VEHICLE B (SMP2455U) COME FROM MY LEFT AT A HIGH SPEED AND COLLIDED ONTO THE FRONT LEFT OF MY VEHICLE.

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	SMP2455U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

VEHICLE B

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to answer for the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may have been/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 insurers 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:
 - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or my claims;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) administering my claims (including the making 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 claims by way of direct or external cover of envelopes/mail packages); and/or
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (ii) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, insurers, permit to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes;
 - (iii) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third parties/representatives or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
 - (iv) 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;
 - (v) the information so collected under (i) above may be shared / disclosed:
 - (a) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (b) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (c) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (d) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (e) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (f) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (g) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (h) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (j) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (k) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (l) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (m) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (n) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (o) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (p) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (q) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (r) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (s) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (t) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (u) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (v) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (w) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (x) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (y) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (z) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing and/or settling claims;
 - (vi) 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

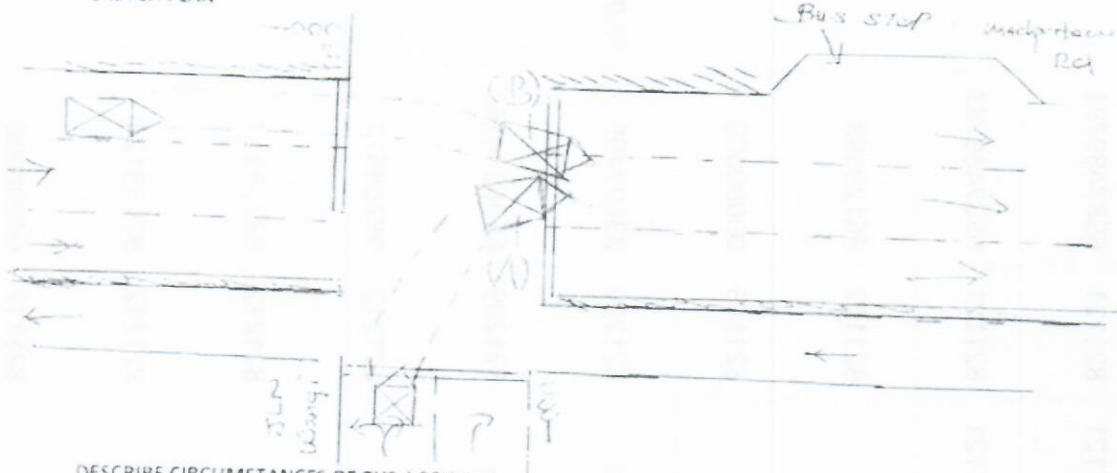
Reporting Centre Form
Name
Date & Time

SKETCH PLAN #2

Vehicle A: 3M Q 5428 Z

Vehicle B: SMP 2455U

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for the traffic light to turn green. Before move out to macpherson Rd towards PIE. When the light turn green, I start to move out from JLN Wangi junction. As I turn right towards macpherson Road suddenly vehicle (B) SMP 2455U came from my left at a high speed and collided into my front & left of my vehicle.

DECLARATION

I declare that the foregoing particulars are true in every respect.

Witness's signature
(Date & Time)

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

Reporting
Date
(Date & Time)