

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 12/08/2021 14:05 (SGT)
Date of Accident 11/08/2021 15:35 (SGT)
Exact Location of Accident Near #B1-16, Tanglin Rd, Singapore
Additional Location Information TRAFFIC JUNCTION OF TOMLINSON RD & TANGLIN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK2137M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MICHAEL CHIN KEK HON
NRIC No S0158020E
Email Address mikechinkh@yahoo.com.sg
Mobile Phone No (Phone) +65-97887541
Alternative Phone No +65-97887541

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 - Reporting only
Vehicle Category Private car
Transmission Manual
CC 1600

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number VPA/P1388078
Cover Note Number 19/06/2021-18/06/2022

DRIVER

Name of Driver MICHAEL CHIN KEK HON
NRIC No S0158020E

Date Of Birth	19/02/1951
Occupation	Indoor
Date Of Driving Pass	06/11/1968
Driving experience	52 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97887541
Alt. Phone Number	+65-97887541
Email Address	mikechinkh@yahoo.com.sg
Address	28 ELITE TERRACE
Address complement	-
Postcode	458771
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 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD8033P
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DOMINIC
Contact Number	(Phone) +65-85226918
Address	-
Address complement	-

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

Vehicle
Number: SKK 2137 M.

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.
 - (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:

Chin LAH
12 AUG 2021
1254 hr.

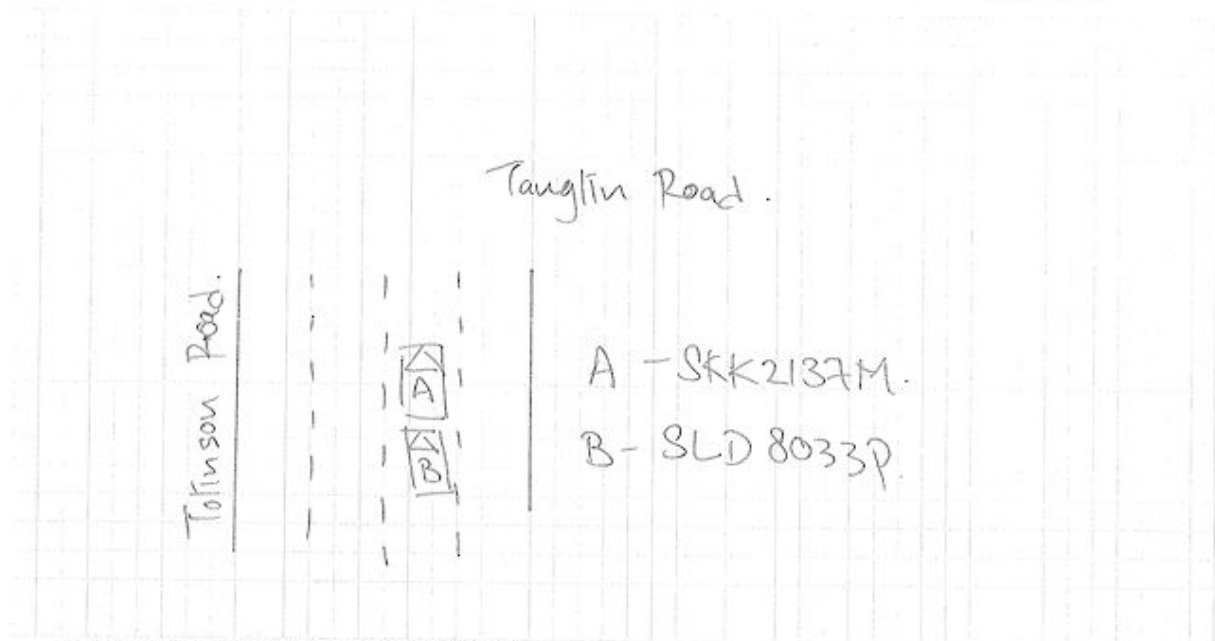
Driver's Signature (If driver is not the policyholder)
Date & Time:

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

Chin

Vehicle Number: SKK 2137M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 Aug 2021 at approx 3:35 pm, I was stationary at the junction of Tolinson Rd & Tanglin Rd. When the traffic light turned green, I engaged the gear but I did not feel any movement of the vehicle. After fiddling with the gear, I felt a bump and I knew the vehicle behind me had collided with my vehicle. The vehicle was a black Toyota MPV driven by Mr Dominic Koh Tze Wee. He told me that he did not move his vehicle at all. I noticed that our 2 vehicles had collided (kiss) but was puzzled what & how it happened. I provided my NRIC & driving licence to him & took some photos. Mr Koh later texted me his details. On 13 Aug morning, a man by the name of Desmond contacted me. He said he was the workshop owner of the vehicle which Mr Koh had sent the car. I asked him for some details of the damage & he said the bumper & bonnet were damaged. He also estimated repair costs at more than \$1,000. I told him I would report the matter to my insurance company rather than do a private settlement.

DECLARATION

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

Chia H H
Policyholder's Signature
Date & Time:
12 AUG
1252 hrs

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

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



























