

# 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 ..... 30/08/2021 10:13 (SGT)  
Date of Accident ..... 29/08/2021 14:10 (SGT)  
Exact Location of Accident ..... Near PIE, Singapore  
Additional Location Information ..... 2ND LEFT LANE ON PIE TOWARDS SLIP ROAD BKE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGW669S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ANG HOCK SOON  
NRIC No ..... SXXXX510F  
Email Address ..... HOCKSOON\_ANG@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-91711907  
Alternative Phone No ..... (Office) +65-88788620

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A5  
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 ..... 1999

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA520064/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ANG HOCK SOON  
NRIC No ..... SXXXX510F

Date Of Birth .....	15/07/1966
Occupation .....	Indoor
Date Of Driving Pass .....	11/10/1989
Driving experience .....	31 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91711907
Alt. Phone Number .....	(Office) +65-88788620
Email Address .....	HOCKSOON_ANG@YAHOO.COM.SG
Address .....	8 SUFFOLK WALK #16-11
Address complement .....	-
Postcode .....	307465
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ANSON ANG
Gender .....	Male

#### PASSENGER 2

Name .....	HOWARD ANG
Gender .....	Male

#### PASSENGER 3

Name .....	ENDORA ANG
Gender .....	Female

#### 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 DRIVING ON PIE TOWARDS BKE. THE CAR INFRONT (SKN 4416 D) SLOWED DOWN AND SIMILARLY I ALSO SLOWED DOWN. SUDDENLY A CAR BEHIND HIT ME (SMF 6316 P) HIT ME AND PUSH FORWARD AND HIT THE CAR INFRONT.

#### ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMF6316P
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKN4416D
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) .....	-

## SKETCH PLAN

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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.

*Angus*

30/8/21

Policyholder's Signature / Date & Time  
9.16am.

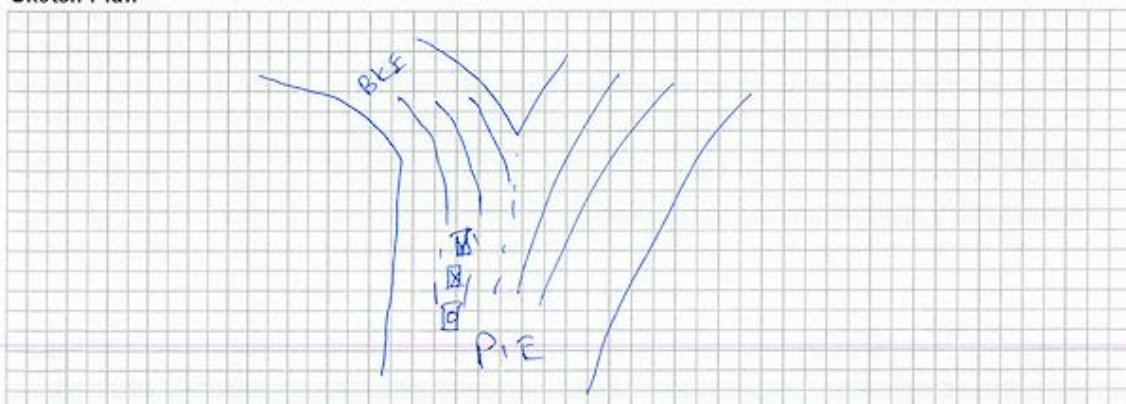
Driver's Signature (If driver is not the policyholder) / Date & Time



*M. ZOEY KUM.*

Witnessed by Reporting Centre Personnel

## Sketch Plan



- ☒ SNF 6316P
- ☒ SNF 669S
- ☒ SKN 4416D

## Describe Circumstances of the Accident

I WAS DRIVING ON P/E TOWARDS BKE. THE CAR INFRONT (REG SEN 4416D) SLOWED DOWN AND SIMILARLY I ALSO SLOWED DOWN. SUDDENLY A CAR BEHIND HIT ME (REG SMF 6316P) HIT ME AND PUSH FORWARD AND HIT THE CAR INFRONT.

## Declaration


We declare the foregoing particulars are true in every respect.

 30/8/21  
 Policyholder's Signature / Date & Time  
 9:16am

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



Witnessed by Reporting Centre Personnel

 2009 KUM.























