

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 witholding 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.

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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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

27/09/2021 15:13 (SGT) 25/09/2021 13:05 (SGT) Singapore ANN SIANG RD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMV5820Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address**

Mobile Phone No

Alternative Phone No

No

TAN BENG TECK

SXXXX304I

Taygx89@gmail.com (Phone) +65-90022383 (Home) +65-90022383

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Honda

Fit

Private use

No - Claiming third party

AXA Insurance Pte Ltd

Private car Auto

1317

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number Nο

VA1/GA534348

Comprehensive

DRIVER

Name of Driver

NRIC No

TAN BENG TECK SXXXX304I



Date Of Birth 18/07/1963 Indoor Occupation Date Of Driving Pass 15/12/1983

37 YEARS AND 9 MONTHS Driving experience

Gender

(Phone) +65-90022383 Mobile Number (Home) +65-90022383 Alt. Phone Number Taygx89@gmail.com **Email Address** BLK 250 CCK AVE 2 #08-450 Address

Address complement

680250 Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured

No Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Collision - Head to Rear Type of Accident

Clear Weather Conditions Dry Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2

Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

PASSENGER 1

PASSENGER Name Female Gender

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 ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SMW3049R Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour

Private car Vehicle Category

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)		-

<u>SKETCH PLAN</u>

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- 7. Sy the longment of this report to the insurers, you haveby consent to the archiving of this report at the centre and to copies of the report heing made available eformald.
- 8. Consent under the Parencel Cath Pretaction Act (DDFA)
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 - 15) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, discusse and/or gracess my personal data/personal Militations salout in this (form) and any other personal information provided by major possessed by my insurer imilactively 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' (swyars/itm firms, the MinnetEry Arthority of Singenore and any relevant government agency/authority (such as the pulice), for the surpose(s)
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 - (ii) (rivestigating the excident and/or my delins:
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 - (V) complying with applicable law in ediministrating, processing, handling analysis desiring with my claims. (collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this scuidant and the insurers' (suvers/lew firms, may/are parmitted to callent, use, disclose encior process my Personal Information for one or more of the above Purposes, and
- (E) my Parsonal information may/can be disclosed by any of the insurers and/or Six to their third party service providers or egents (including their lawyers/law firms), which may be sited outside of Singapors, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to campile cleans history for the purpose of fitsus determine. inversion and menagement in A. white 200 all lower claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - i) to all insurars and/or any other third parties their asset in availabing, investigating recomplished managing Redic rest 18 targe, low control carried to still governments \$ gendes as reasonably required for the purposes started, or

iii) for complying with requirements under any regulations, laws or occurs orders.

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Stivet's Signature

(If driver is not the policy/seider)

Sets & Time:

Asperting Centra Personnel's Signature

Name:

MRICIAN No .

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