

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 09/10/2021 10:15 (SGT)
Date of Accident 08/10/2021 13:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information NICOLL HIGHWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX6789Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHIN SENG
NRIC No S0019427A
Email Address pinesprings@pinesprings.com.sg
Mobile Phone No (Phone) +65-98174428
Alternative Phone No +65-98174428

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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 Auto
CC 1390

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA017949/1
Cover Note Number -

DRIVER

Name of Driver WONG KOK HWEE
NRIC No S7106301A

Date Of Birth	01/03/1971
Occupation	Indoor
Date Of Driving Pass	22/12/1995
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96992771
Alt. Phone Number	-
Email Address	pinestprings@pinestprings.com.sg
Address	BLK 9 SENGKANG SQUARE #10-19
Address complement	-
Postcode	545075
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN7152X
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TOH YOU JUN
NRIC No	S9331676B
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

VEHICLE NO:

SJX6789Z

DATE OF ACCIDENT:

08/10/2021

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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")

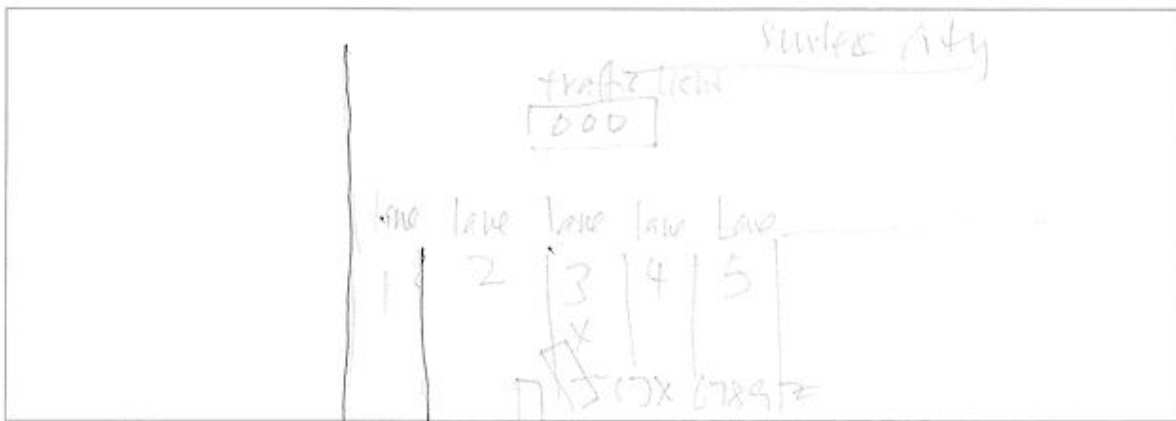
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

8/10/21

Describe Circumstances of the Accident VEHICLE NO: SJX 6789Z DATE OF ACCIDENT:

On 8 Oct 2021 around 1-20pm, I was driving along N101 highway toward Beach road. I arrived at a 5 lane road way and stopped at the traffic light at the junction.			
At that time the turn right signal light was red for 3 lanes (3, 4, 5) while lane 1 and 2 had green signal lights.			
As the vehicle in front of me had no signal and occupied the 3 lane which my vehicle was driving on, I checked on my left wing mirror for on coming vehicle. Once the lane is clear I signalled and turn my car to come onto lane 2 to avoid the car which had stopped in front of me.			
Suddenly a grey vehicle came number SMN 7152X came from no where and hit me on my left hand side of my vehicle.			
As it was the centre of the road and for road safety I drove 10pm from the accident side and parked on the side road and put on my hazard lights to wait for the other vehicle. We exchanged details, took photos and left.			
my vehicle number: SJX 6789Z the other vehicle number SMN 7152X			
there is no injury to either party.			
REPORTING ONLY () OWN DAMAGE () THIRD PARTY () OWN WORKSHOP ()			

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

Witnessed by Reporting Centre Personnel





















