



## 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	02/12/2021 17:09 (SGT)
Date of Accident	02/12/2021 08:00 (SGT)
Exact Location of Accident	Siglap Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW1222A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TENG CHUAN CHIN
NRIC No	SXXXX738F
Email Address	amos1222@gmail.com
Mobile Phone No	(Phone) +65-98369380
Alternative Phone No	+65-98369380

#### 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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1400

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1528926
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHOONG KHING
NRIC No	SXXXX876C



Date Of Birth	28/01/1960
Occupation	Indoor
Date Of Driving Pass	28/09/1981
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96639371
Alt. Phone Number	-
Email Address	amos1222@gmail.com
Address	BLK 120 ARTHUR ROAD #05-02
Address complement	-
Postcode	439828
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TENG CHUAN CHIN
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

ON 02/12/2021 AT ABOUT 0800HRS ALONG SIGLAP ROAD TOWARDS CHAI CHEE DRIVE, I WAS TRAVELLING ON THE EXTREME RIGHT LANE OF THE ABOVE MENTIONED ROAD BEFORE THE JUNCTION OF EAST COAST ROAD WHEN MY FRONT VEHICLES SLOWED DOWN AND STOPPED DUE TO RED LIGHT. HENCE, I FOLLOWED SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND. WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE B WHO HAD COLLIDED ONTO THE REAR PORTION OF MY VEHICLE A, CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE OTHER PASSENGER IN MY VEHICLE.

#### 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	SMC282H
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 VEHICLE B  
 No. Of Passenger (Including Driver) -

SKETCH PLAN

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7. By the lodging 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, its workshop and the General Insurance Association of Singapore (GIA) may be 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 insurers, vehicle insured vehicles, involved in this accident (all insurers (who have insured vehicles) involved in this accident) and be collectively referred to as the "Insurers"; the Insurers' law firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of:  
(i) settling, handling and/or dealing with my claim including the settlement of the claims and any necessary investigations relating to the claim;  
(ii) conducting the decision and/or claims;  
(c) carrying out and/or dealing with instructions or responding to any enquiries by me;  
(d) administering its affairs (including the making of public notices, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me relating about delivery of the same as well as on the external cover of envelopes and postboxes) and/or  
(e) complying with applicable law in administering, processing, handling and/or dealing with my claim.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' law firm/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for any 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 law firm/law firms, which may be used outside of Singapore, for one or more of the above Purposes.

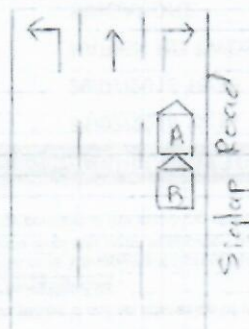
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) - 6BW1222A  
(B) - SMC782H





**Describe Circumstances of the Accident**

On the 02/12/2021 @ about 0800 HRS, along Siglap Road towards Chin Lee Pkwe I was travelling on the extreme right lane of the above mentioned road before the junction of East Coast Road, when my front vehicle slowed down and stopped due to <sup>red light</sup> heavy traffic, hence I followed suit. Suddenly, I heard a loud bang from behind, and when I alighted, I realized that it was Vehicle (B) who had collided into the rear portion of my Vehicle (A), causing damages to my Vehicle. I have no other passengers in my vehicle.

**Declaration**

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





Driver's Signature (Date & Time)

Witness's Signature (Date & Time)

Witnessed by (Signature, Name & Address)