

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 14/12/2021 12:44 (SGT)
Date of Accident 13/12/2021 14:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information LORNIE ROAD SLIP ROAD ONTO PIE (TUAS)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA9916A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM KAY KIAT
NRIC No S7244704B
Email Address kaykiatlim@gmail.com
Mobile Phone No (Phone) +65-97661520
Alternative Phone No +65-97661520

VEHICLE PARTICULARS

Manufacturer Mazda
Model Mx-5
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 1496

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA463650
Cover Note Number -

DRIVER

Name of Driver LIM RUIHAN, ETHAN

Date Of Birth	11/07/2001
Occupation	Indoor
Date Of Driving Pass	22/07/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82882307
Alt. Phone Number	-
Email Address	limruihanethan@gmail.com
Address	5 GREENLEAF VIEW
Address complement	-
Postcode	S279245
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

PASSENGER 1

Name	YASH RAJ SINGH
Gender	Male

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 ATTACH.

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	SJX5069A
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private

Name of Driver	CHIN TZE LEONG MARK
Contact Number	(Phone) +65-88386036
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REFER TO PHOTOS ATTACH.
Details of property damaged in accident	RIGHT FRONT FENDER, BUMPER
No. Of Passenger (Including Driver)	1

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Signature]

Policyholder's Signature / Date & Time

[Signature] / 14/12/2021 / 1055

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

Witnessed by Reporting Centre Personnel *[Signature]*

Sketch Plan



A - 5JA 9416 A
B - 5JX 5044 A

[Signature]

Describe Circumstances of the Accident

As I was driving along the Lornie Road sliproad entering P10 (Tuar), I encountered a merging lane (2 into 1). I noticed a car in the left lane (I was in the right lane) behind me. I judged there to be enough space to merge but he sounded his horn. I went to the right and sped up to create more clearance to merge safely. As I started to merge again I felt minor contact between my left rear and his front right. There were no significant injuries.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

620 / 14114 1211 / 1055

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



Witnessed by Reporting Centre Personnel *Susun*





















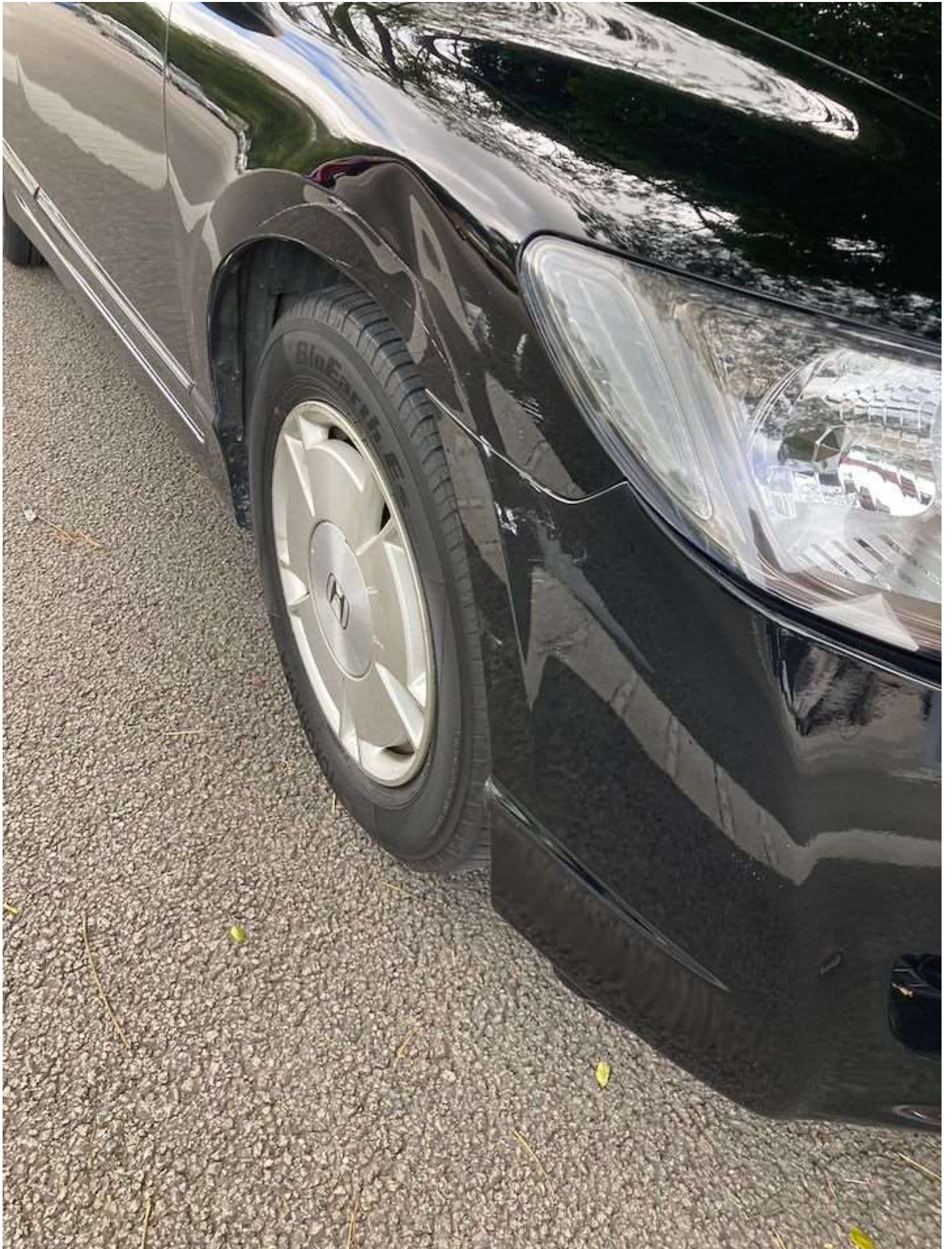














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SH0221CE001 Vehicle Registration No: SJA 9916A
 Name (as shown in NRIC): Lim Kay Kiat NRIC/FIN/Passport No: S7244704B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 5 Greenleaf View Singapore (27949)
 Contact (Tel): - Mobile No.: 97661520
 Email Address: kaykiatlim@gmail.com
 Date of Accident: 13/12/2021 Time of Accident: 14:10
 Place of Accident: Lornie Road Slip Road onto PIE (Tuas)
 Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend Vehicle Particulars :- Transmission from
Auto to "Manual".

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Susan
 NRIC/FIN No.:
 Date: 14/12/2021

