

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 04/02/2022 13:41 (SGT)
Date of Accident 03/02/2022 20:00 (SGT)
Exact Location of Accident Clementi, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE6567K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG FANG YAO
NRIC No SXXXX341C
Email Address ng.fangyao@gmail.com
Mobile Phone No (Phone) +65-85110769
Alternative Phone No +65-85110769

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? Yes
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 P2386942
Cover Note Number -

DRIVER

Name of Driver NG FANG YAO
NRIC No SXXXX341C

Date Of Birth	28/01/1981
Occupation	Indoor
Date Of Driving Pass	29/02/2016
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-85110769
Alt. Phone Number	+65-85110769
Email Address	ng.fangyao@gmail.com
Address	5 JALAN HARUM
Address complement	-
Postcode	268478
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	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

PLEASE REFER TO ATTACHMENT

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	XD5867C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALEXANDRA RAMKUMAR
Passport No/FIN	GXXXX410W
Contact Number	(Phone) +65-92710780
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

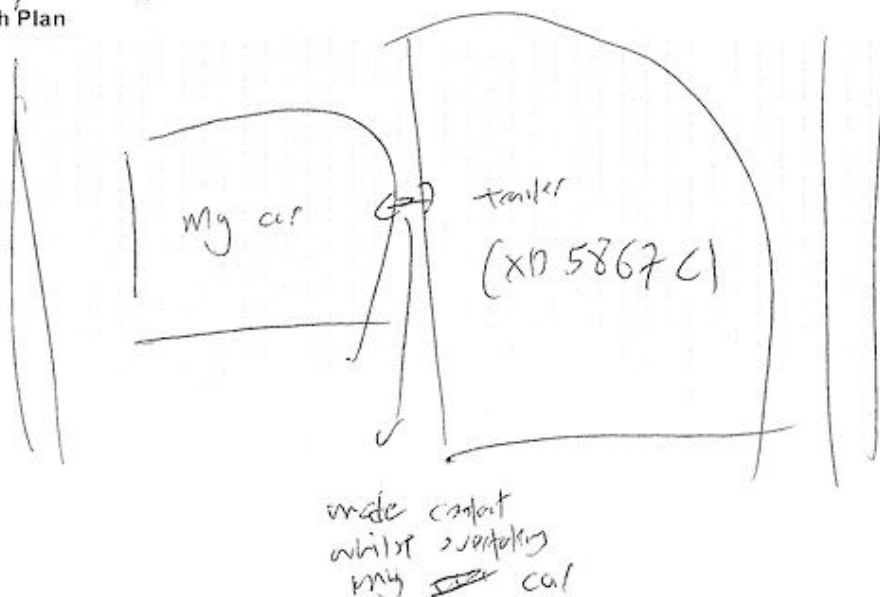
1. Please report **correctly** the details of the accident to speed up the claims process.
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General 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.

 (4/2/22, 12:45)
Policyholder's Signature / Date & Time

 (4/2/22, 12:45)
Driver's Signature (if driver is not the policyholder) / Date & Time

Pearlyn Cheong
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I am the car owner of Volkswagen (Veh no. STE 6567K) and on 3 Feb 2022 (approx 8pm) was driving around 20-22 Clementi Road when a trailer (XD J5867C) ~~over~~ overtook my car at the material time and made contact with my car. ("the ~~entire~~ contact")

Due to the contact, there are some body scratches to my car and the right side of my mirror ~~is~~ was totally damage.

After the contact and when the traffic light ahead of us turned red, I ~~put my car in~~ put my car in stationary mode and ran to the trailer to inform the driver of the trailer on the contact.

~~We~~ Both of us then drove to an appropriate location (with low traffic) to exchange personal details and undertake the necessary verification of the damage to my car due to the contact.

The details of the other driver is ~~Alexa~~ Alexander Raminumar (Licence no. ~~66881410W~~ ~~66881410W~~ 66881410W) and although he mentioned orally about direct settlement, I told him I will report the matter to my insurers first.

After the exchange of details and verification of damage, both of us parted ways.

Declaration

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

 (4/2/2022, 12:45)
Policyholder's Signature / Date & Time

 (4/2/2022, 12:45)
Driver's Signature (If driver is not the policyholder) / Date & Time

Pearlyn Cheong

Witnessed by Reporting Centre Personnel







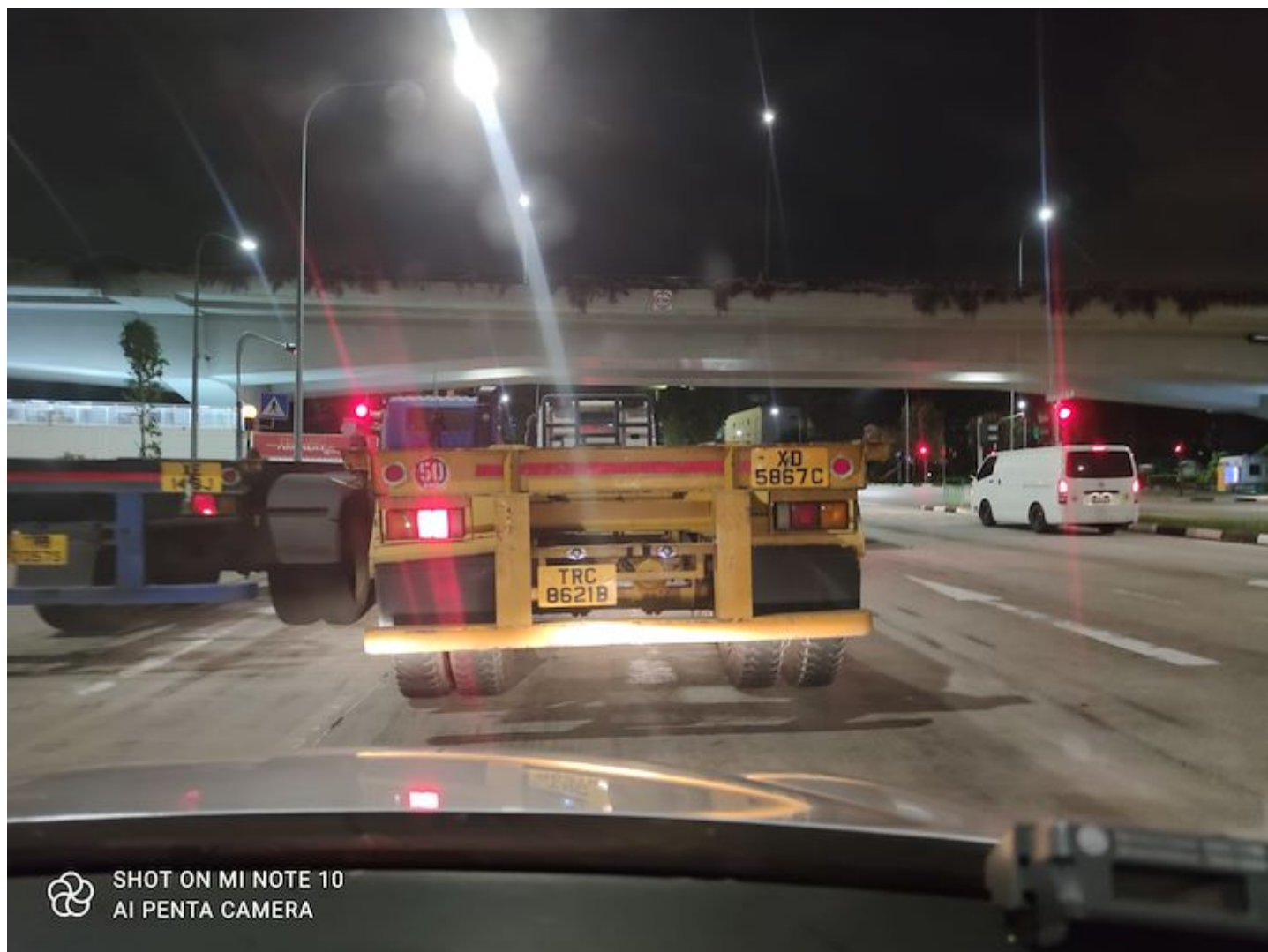








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