

# 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 ..... 28/02/2022 14:07 (SGT)  
Date of Accident ..... 26/02/2022 15:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE toward Jurong, Near Exit 17  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP2854B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Pong Hui Meng  
NRIC No ..... S8511556A  
Email Address ..... huimeng85@gmail.com  
Mobile Phone No ..... (Phone) +65-98782527  
Alternative Phone No ..... +65-98782527

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 ..... 1339

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA500212  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Pong Hui Meng  
NRIC No ..... S8511556A

Date Of Birth .....	25/04/1985
Occupation .....	Indoor
Date Of Driving Pass .....	03/02/2006
Driving experience .....	16 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98782527
Alt. Phone Number .....	+65-98782527
Email Address .....	huimeng85@gmail.com
Address .....	Blk 812B Choa Chu Kang Ave 7 #06-635
Address complement .....	-
Postcode .....	682812
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 .....	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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Goh Meau Hoom
Gender .....	Female

#### PASSENGER 2

Name .....	Pong Haoyu, Howie
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 sketch plan

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGZ1619P
Vehicle Manufacturer .....	Mini

Vehicle Model .....	Cooper
Vehicle Variant .....	-
Vehicle Colour .....	Green
Vehicle Category .....	Private car
Name of Driver .....	Teo Gek Choo, Jennifer
NRIC No .....	S1580850J
Contact Number .....	(Phone) +65-98634670
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	Back of the vehicle
No. Of Passenger (Including Driver) .....	1

SKETCH PLANIMPORTANT NOTICE

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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.
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.

  
Policyholder's Signature / Date &  
Time 11.43Am

Sketch Plan

  
Driver's Signature (If driver is not the policyholder) / Date  
& Time (3810) 11.43Am

  
Witnessed by Reporting Centre  
Personnel

PIE towards Juncy, near exif 17 (3pm)  
SQZ 161A9  
↑  
← B ← A → Emp 28521B



**Describe Circumstances of the Accident**

On 26 Feb 2022, I was driving along PIE towards Jurong, near exit 17 when the min. Cooper SGZ 1619P ~~hit~~ a jam brake & I hit.  
 Nobody was injured at that point of time.

Hsz

**Declaration**

We declare the foregoing particulars are true in every respect.

Hsz 28/2/22  
 Policyholder's Signature / Date &  
 Time 11.43pm

Hsz 28/2/22  
 Driver's Signature (if driver is not the policyholder) / Date  
 & Time 11.43Am



\_\_\_\_\_  
 Witnessed by Reporting Centre  
 Personnel







