

☐ Scene Pic  
☐ Auth Letter

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident 22/03/2022 Time (24 HRS) 07:32 AM Location of Accident SLE Towards CTE (City) before Upp Thomson Exit

### OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number SFW 3357 J  
Name of Policyholder Podisingho Christopher Aloysius  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) S8137761H  
Address Blk 21 Telok Blangah Crescent #03-62 S(090021)  
Address  
Contact Number Tel: Hp: 8781 1867  
Email Address podisinghochristopher@gmail.com

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model Mitsubishi Colt Plus (1499 cc)  
Type of Vehicle Saloon  
Are you claiming under your own insurance policy? ☒ Yes ☒ No Remarks: Third Party Claim  
Vehicle category ☐ Private Hire ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company AXA  
Type of Policy ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy ☐ Yes ☒ No  
Policy Number GA557534 / 1

### DRIVER

### PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver Podisingho Christopher Aloysius  
NRIC/ FIN/ Passport S8137761H  
Date of Birth 13/11/1981  
Occupation Outdoor  
Driving Pass Date 08/07/2004  
Gender ☒ Male ☐ Female  
Contact Number Tel: Hp: 8781 1867  
Address  
Address  
Email Address podisinghochristopher@gmail.com  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured  
No. of Passenger in vehicle (including Driver) 1 (including Driver)  
Please state Passenger Names:

Name: Gender: Female  
Name: Gender: Female  
Name: Gender: Female

Vehicle Number of Driver's Own Vehicle (if applicable)  
Insurance of Driver's Own Vehicle (if applicable)

AXA

### GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions ☒ Clear ☐ Raining ☐ Others:  
Road Surface ☐ Wet ☒ Dry ☐ Others:

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car) ☒ No ☐ Yes  
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes Ambulance ( No )  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any video captured? (in-car camera in YOUR CAR) ☒ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

SFW 3357 J

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)**

**Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION**

Vehicle Registration Number SLU 8304 T  
Make/ Model/ Others  
Vehicle category ☒ Private ☐ Commercial ☐ Motorcycle  
Name of Driver Rebecca Louise Quinn  
NRIC/ FIN/ Passport S8267483G  
Contact Number 9299 9164

**Other Vehicle or Property 2 (VEHICLE C)**

Vehicle Registration Number SJS 7608 H  
Make/ Model/ Others  
Vehicle category ☒ Private ☐ Commercial ☐ Motorcycle  
Name of Driver Cheok Wei Quan Benjamin  
NRIC/ FIN/ Passport S8946583D  
Contact Number 8200 0054

**DETAILS OF WITNESS**

Name  
Phone / Email Address

**DETAILS OF INJURED PERSON 1**

Name  
Contact Number  
Injuries Sustained  
If Vehicle Occupants, state in which vehicle?  
Were Seat Belts Worn? ☐ Yes ☐ No  
Was Injured conveyed to hospital by ambulance? ☐ Yes ☐ No

**DETAILS OF INJURED PERSON 2**


Name  
Contact Number  
Injuries Sustained  
If Vehicle Occupants, state in which vehicle?  
Were Seat Belts Worn? ☐ Yes ☐ No  
Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

**Declaration**

I/We declare that the above particulars & information provided above are true in every aspect.

  
\_\_\_\_\_  
Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

  
\_\_\_\_\_  
Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

## SKETCH PLAN

### 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. The 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.
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.

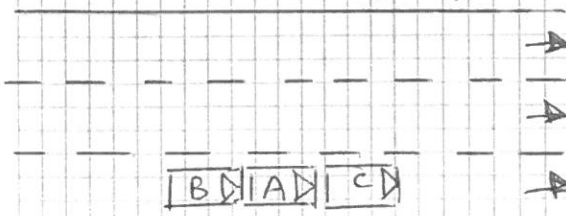
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

SLE Towards CTE (City) before Upp Thomson Exit



\* Veh A : SFW 3357 J

\* Veh B : SLU 8304 T

\* Veh C : SJS 7608 H

On the stated date and time, I was travelling along the stated venue.

As front vehicles jammed brake to stop, I quickly braked to stop.

I managed to come to a complete stop. When I was stationary for a few seconds, suddenly vehicle B could not stop in time and collided onto the rear of my vehicle. The impact caused my vehicle to move forward and hit onto vehicle C.

\* Please email a copy to : teamautop1@gmail.com

We declare the foregoing particulars are true in every respect.

Policy holder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 22 Mar 2022 / 12:04:49

Receipt Date/Time : 22 Mar 2022 / 12:04:33

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-220322-001619

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLU8304T				
As at 22 Mar 2022/07:32:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLU8304T Enquiry Fee 20220322120344562498	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	426569XXXXXX8100	eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.