

# 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 .....	22/03/2022 19:32 (SGT)
Date of Accident .....	22/03/2022 07:32 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLE TWDS CTE(CITY) BEFORE UPP THOMSON EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SFW3357J
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PODISINGHO CHRISTOPHER ALOYSIUS
NRIC No .....	SXXXX761H
Email Address .....	PODISINGHOCHRISTOPHER@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87811867
Alternative Phone No .....	+65-87811867

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Colt
Variant .....	PLUS
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1499

### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	GA557534
Cover Note Number .....	-

### DRIVER

Name of Driver .....	PODISINGHO CHRISTOPHER ALOYSIUS
NRIC No .....	SXXXX761H

Date Of Birth .....	13/11/1981
Occupation .....	Indoor
Date Of Driving Pass .....	08/07/2004
Driving experience .....	17 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87811867
Alt. Phone Number .....	+65-87811867
Email Address .....	PODISINGHOCHRISTOPHER@GMAIL.COM
Address .....	BLK 21 TELOK BLANGAH CRESCENT #03-62
Address complement .....	-
Postcode .....	090021
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

PLS REFER TO SKETCH PLAN

#### 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 .....	SLU8304T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	REBECCA LOUISE QUINN
NRIC No .....	SXXXX483G
Contact Number .....	(Phone) +65-92999164
Address .....	-

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

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJS7608H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHEOK WEI QUAN BENJAMIN
NRIC No .....	SXXXX583D
Contact Number .....	(Phone) +65-82000054
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

# SKETCH PLAN

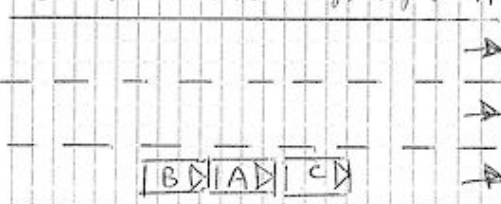
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  8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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## Sketch Plan

SLE Towards CTE (City) before Upper Thomson Exit

	<table border="0"> <tr> <td style="vertical-align: top;">           * Veh A            * Veh B            * Veh C         </td> <td style="vertical-align: top;">           : SPW 3357 J            : SLU 8304 T            : SJS 7608 H         </td> </tr> </table>	* Veh A * Veh B * Veh C	: SPW 3357 J : SLU 8304 T : SJS 7608 H
* Veh A * Veh B * Veh C	: SPW 3357 J : SLU 8304 T : SJS 7608 H		

Describe Circumstances of the Accident

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.

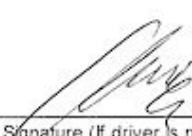
\* Please email a copy to : teamautopl@gmail.com


TP CLAIM: other workshop.

Declaration

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

  
Policyholder's Signature / Date & Time

 22/3 @ 1045P  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

























