

# 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 ..... 30/04/2022 16:40 (SGT)  
Date of Accident ..... 30/04/2022 12:00 (SGT)  
Exact Location of Accident ..... Sengkang W Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLB1306J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG KIM YONG  
NRIC No ..... S7305762J  
Email Address ..... KIMYONG9@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96680691  
Alternative Phone No ..... +65-96680691

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... ALTIS  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA453999  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG KIM YONG  
NRIC No ..... S7305762J

Date Of Birth .....	15/02/1973
Occupation .....	Indoor
Date Of Driving Pass .....	09/12/1991
Driving experience .....	30 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96680691
Alt. Phone Number .....	+65-96680691
Email Address .....	KIMYONG9@GMAIL.COM
Address .....	BLK 302D ANCHORVALE LINK #10-20
Address complement .....	-
Postcode .....	544302
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) .....	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

REFER TO SKETCH PLAN AND STATEMENT.

#### 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 .....	GY4098C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	NEO
Contact Number .....	(Phone) +65-84504666
Address .....	-
Address complement .....	-

Postcode ..... -  
Insurance Company Name ..... AXA Insurance Pte Ltd  
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.

*PKLP 30/4 1520hrs*

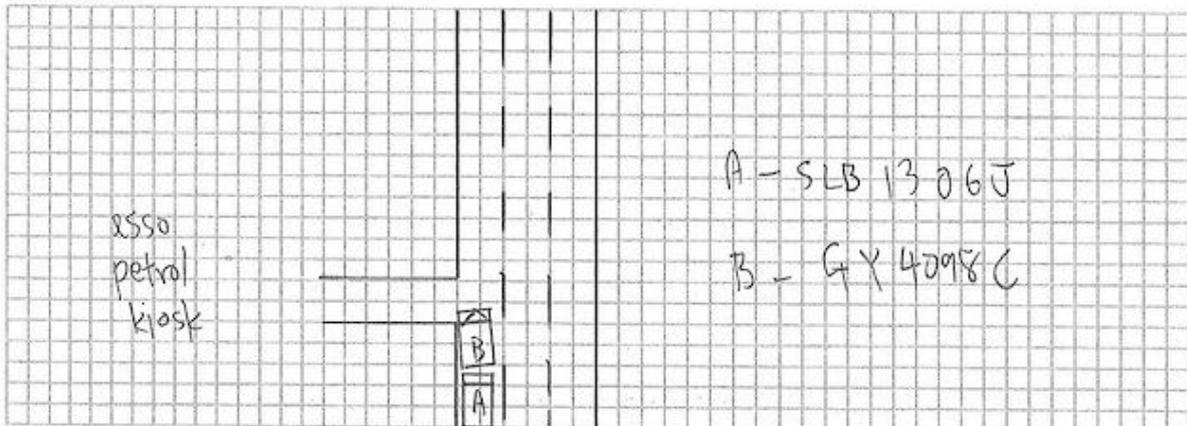
Policyholder's Signature / Date & Time

*PKLP 30/4 1520hrs*

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

On 30-Apr-22 at about 12pm, while travelling along Serangkang West Way towards Jalan Kaya had an accident with Van L-4409BC driven by one Mr NEO.

I was travelling on the leftmost lane when I saw the said van stopped at the entrance of the ESSO petrol station queuing to enter the petrol station. I applied brake but was not able to stop in time and crashed into the van.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

[Signature] 30/4 1520hr  
 Policyholder's Signature / Date & Time

[Signature] 30/4 1520hr  
 Driver's Signature (If driver is not the policyholder) / Date & Time

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

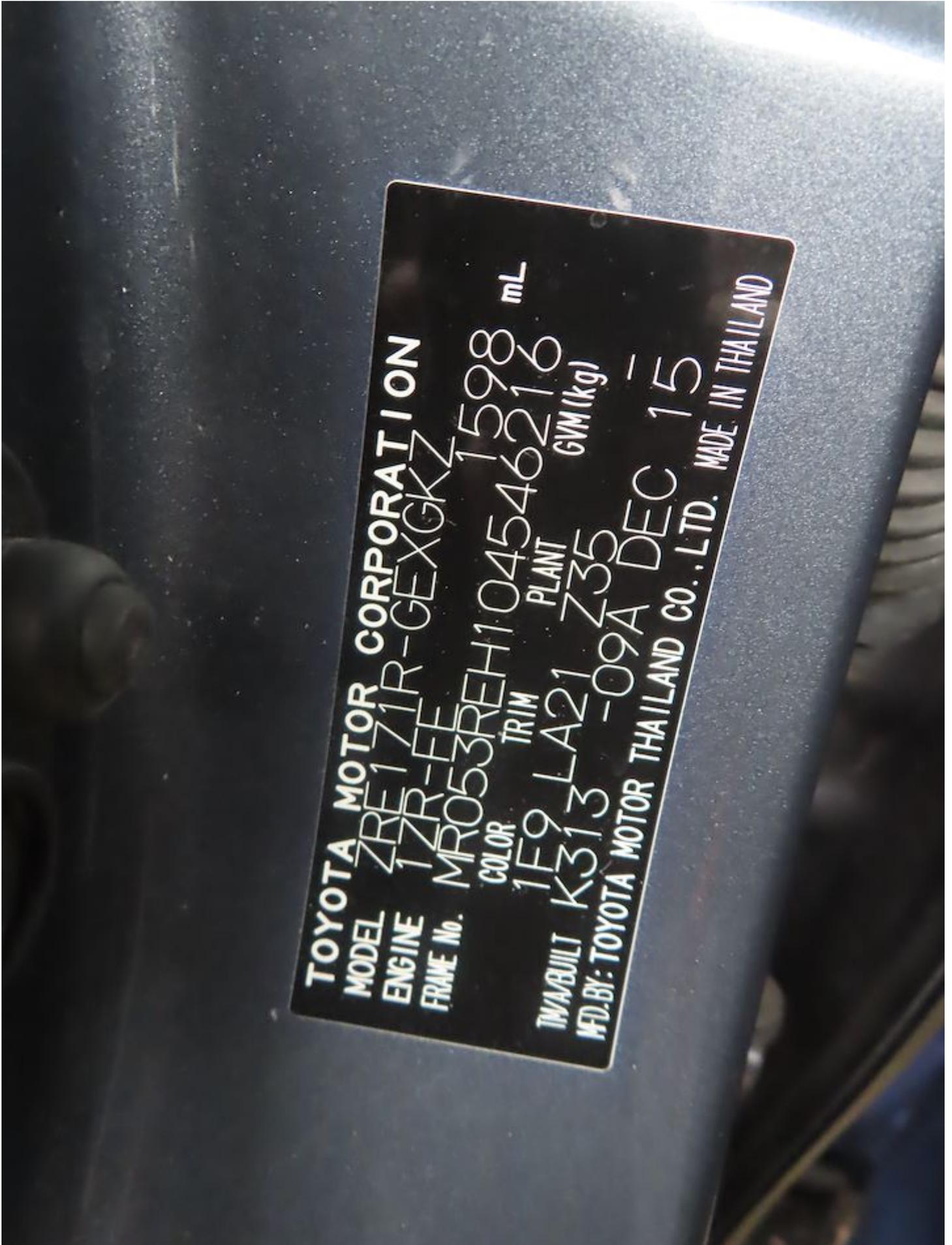












TOYOTA MOTOR CORPORATION  
MODEL ZRE171R-GEXGKZ  
ENGINE 1ZR-EE  
FRAME No. MR053REH104546218  
COLOR 1E9 LA21  
TRIM Z35  
PLANT  
GVM(kg) 1598 mL  
TIN/BUILT K313 -09A DEC 15  
MFD. BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND



