

# 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 ..... 05/05/2022 15:22 (SGT)  
Date of Accident ..... 05/05/2022 09:20 (SGT)  
Exact Location of Accident ..... Towner Rd, Singapore  
Additional Location Information ..... 106 TOWNER ROAD CAR PARK SINGAPORE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMC7733C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SMC CORPORATION (SINGAPORE) PTE LTD  
Company Reg No ..... 1XXXXX505K  
Email Address ..... STEVENLOKE@SMCSING.COM.SG  
Mobile Phone No ..... (Phone) +65-96646228  
Alternative Phone No ..... +65-96646228

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Camry  
Variant ..... TOYOTA / CAMRY 2.5 AUTO  
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 ..... 2494

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA109162/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOKE CHOON LEONG, GERALD  
NRIC No ..... SXXXX030C

Date Of Birth .....	13/10/1990
Occupation .....	Indoor
Date Of Driving Pass .....	10/08/2010
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90095768
Alt. Phone Number .....	-
Email Address .....	GERALDLOKE90@GMAIL.COM
Address .....	APT BLK 106 TOWNER ROAD #10-446
Address complement .....	-
Postcode .....	322106
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - Major/Minor Rd
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 ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### 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 .....	SMJ3881Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MUN AH KOW
NRIC No .....	SXXXX822H

Contact Number ..... -  
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**

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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.

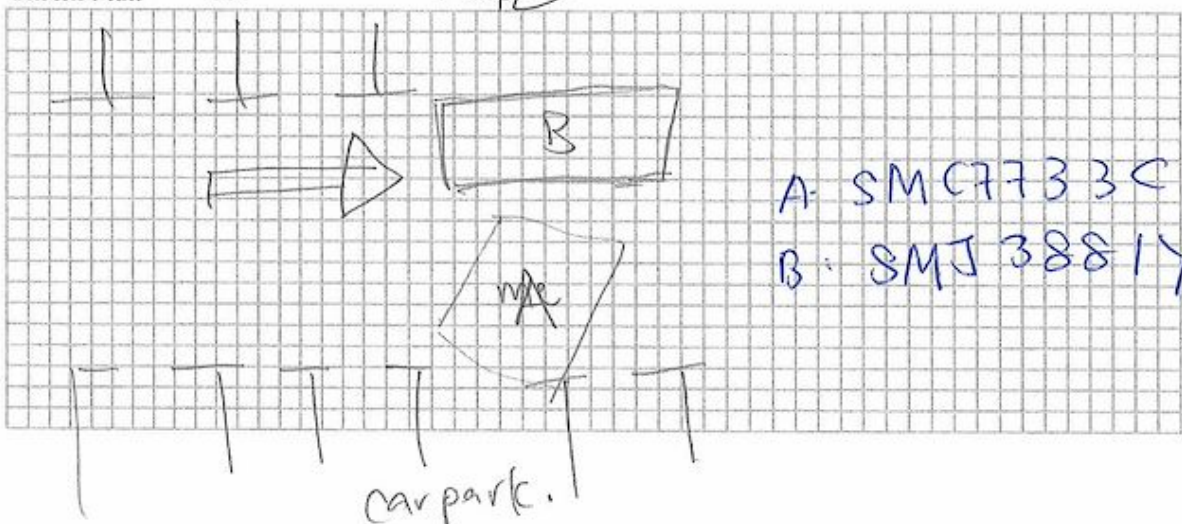
MC CORPORATION (SINGAPORE) PTE. LTD.  
33 TUAS AVENUE 8  
SINGAPORE 639251  
TEL: 68610888  
FAX: 68615815 (SALES) / 68611839 (ADMIN)

SMC CORPORATION (SINGAPORE) PTE. LTD.  
33 TUAS AVENUE 8  
SINGAPORE 639251  
TEL: 68610888  
FAX: 68615815 (SALES) / 68611839 (ADMIN)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

5 May 2022: about 9.20am. At Block 106 Towner Road carpark.  
 I was reversing into a vertical parking lot, but intended to move out  
~~into~~ to park into another lot. I have not fully reversed into the 1st lot yet  
 and moved forward, but car B has moved forward into my path,  
 and we collided.

Before I move forward out of the 1st carpark lot, car B was on my  
 left and stationary.

No injury ~~is~~ sustained.

**Declaration**

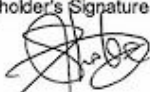
We declare the foregoing particulars are true in every respect.

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.

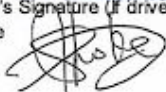
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Policyholder's Signature / Date &  
 Time



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



Witnessed by Reporting Centre  
 Personnel

