

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident 11/05/2022 Time (24 HRS) 07:00 AM Location of Accident Old Jurong Rd Before the Junction of Upp Bukit Timah Rd

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number SCP 2799 X
Name of Policyholder CHUA BENG KIONG
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) S1395349Z
Address 63 CHU LIN ROAD SINGAPORE 669956
Address
Contact Number Tel: Hp: 9637 3551
Email Address bkchua@live.com

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model TOYOTA PICNIC AUTO 1998 CC
Type of Vehicle MPV
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 GA395609 / 1

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver CHUA BENG KIONG
NRIC/ FIN/ Passport S1395349Z
Date of Birth 27/04/1959
Occupation INDOOR
Driving Pass Date 03/05/1978
Gender ☐ Male ☐ Female
Contact Number Tel: Hp: 9637 3551
Address 63 CHU LIN ROAD SINGAPORE 669956
Address
Email Address bkchua@live.com

Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured
No. of Passenger in vehicle (including Driver)

☐ Yes ☒ No
Owner 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: DRIZZLING
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

SCP 2799 X

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

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

Vehicle Registration Number

SFS 8090 R

Make/ Model/ Others

Vehicle category



Private



Commercial



Motorcycle

Name of Driver

LIM AH SHAN

NRIC/ FIN/ Passport

Contact Number

9039 6354

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number

SLL 3286 S

Make/ Model/ Others

Vehicle category



Private



Commercial



Motorcycle

Name of Driver

CHNG SIONG JIE

NRIC/ FIN/ Passport

Contact Number

8182 1185

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' 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.



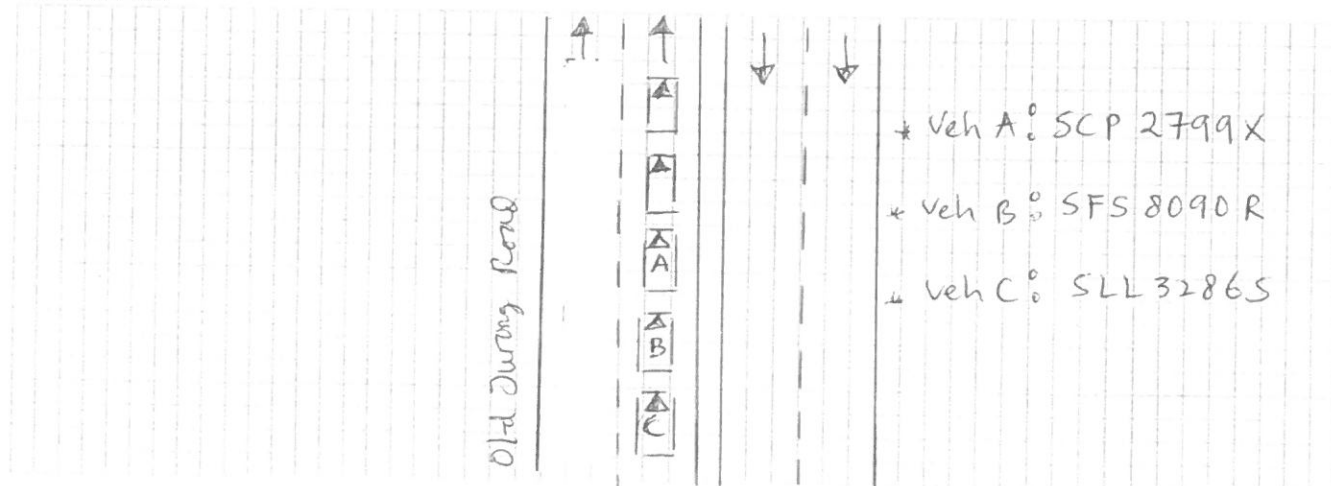
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Old Jurong Road

↑ ↑ ↑ ↑

↓ ↓

A B C

* Veh A: SCP 2799X
* Veh B: SFS 8090R
* Veh C: SLL 3286S

Describe Circumstances of the Accident

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

The traffic was heavy and it was also drizzling and wet. When I saw front vehicle braked to stop, I then followed suit. When I was stationary for about 3 seconds, I heard a loud 'bang' sound from behind. I then alighted and realised that it was a chain collision of 3 vehicles including mine... After that, I did exchange my details with the other two drivers and then left the accident scene.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder'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 : 11 May 2022 / 18:08:44

Receipt Date/Time : 11 May 2022 / 18:08:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220511-003616

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SFS8090R

As at 11 May 2022/07:00:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SFS8090R
Enquiry Fee
20220511180802803646

7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

426569XXXXXX8100	eNETS Credit Card	7.45
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Total		7.45
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Cash Change		0.00
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Tendered Amount		7.45
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Excess Refundable Amount		0.00
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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.