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 witholding 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.

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 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 19/05/2022 13:45 (SGT) Date of Accident 18/05/2022 18:00 (SGT) Exact Location of Accident Singapore Additional Location Information AYE TOWARDS TUAS(BEFORE CLEMENTI ROAD)

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SKC3016P

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner WINNIE TOH SHU HSIEN

NRIC No. SXXXX969B

Email Address melvyn473@gmail.com Mobile Phone No (Phone) +65-92705496

Alternative Phone No +65-92705496

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra

Variant ELANTRA 1.6 AT ABS D/AB 2WD 4DR

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 1591

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive No

Fleet Policy Policy Number

Cover Note Number

DRIVER

Name of Driver GOH ZHI WEI, MELVYN NRIC No. SXXXX946H

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	29/09/1982 Indoor 12/06/2003 18 YEARS AND 11 MONTHS Male (Phone) +65-90402010 - melvyn473@gmail.com 190 BUKIT BATOK WEST AVENUE 6 #13-41 SPORE 650190 No Spouse No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 3 Yes No Yes 3
Name	WINNIE TOH SHU HSIEN
Gender PASSENGER 2	Female
Name Gender	TAY LI HUI, AMELIA Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SMA6862E

Vehicle Registration Number
Vehicle Manufacturer

-
_
_
Private car
-
-
-
-
-
-
-
-
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJN9526Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

SKC3016P

INJURED 1

Name of injured person Gender	GOH ZHI WEI, MELVYN -
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKC3016P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
true and injured conveyed to neophar by amediance.	140
INJURED 2	No
, , ,	WINNIE TOH SHU HSIEN
INJURED 2	
INJURED 2 Name of injured person	
Name of injured person Gender	
Name of injured person Gender Phone No	
Name of injured person Gender Phone No Address	
Name of injured person Gender Phone No Address Address Complement	

INJURED 3

Were seat belts worn?

Name of injured person TAY LI HUI, AMELIA
Gender -

Injuries Sustained
Injured person in which vehicle?

Was this injured conveyed to hospital by ambulance?

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	-
Injured person in which vehicle?	SKC3016P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	_

SKETCH PLAN

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- 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' 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 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

On	18.05.2022	at about 18	}=15 pm. I w	as travelling	along AYE	towards TUA	18
(Before	Clementi Ro	ad). The fr	ont vehicle s	slowed down	and stopped	, I followa	d.
Suddenly	, I felt on	impact from	m my rear	and my ve	hicle moved	forward to	hìd
the front	vehicle. I	was involv	ved in a 3	vehicles ch	ain collision		
		Mill Will					
					-		
1							

Declaration

I/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













































