

☐ Scene Pic  
☐ Auth Letter

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident      Time (24 HRS)      Location of Accident  
19/05/2022      14:20 Traffic Junction Of Simei Ave & Jln Angin Laut Towards ECP

### OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number      SNB 1078T  
Name of Policyholder      Lee Jin Yeong  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)      S1745411J  
Address      Blk 365 Clementi Ave 2, #05-477 S(120365)  
Address  
Contact Number      Tel:      Hp: 92383238  
Email Address      Derek.lee@yahoo.com.sg

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model      Hyundai      Avante  
Type of Vehicle      Saloon  
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      VPA/P2447988

### DRIVER

### PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver      Lee Jin Yeong  
NRIC/ FIN/ Passport      S1745411J  
Date of Birth      17/05/1966  
Occupation      INDoor  
Driving Pass Date      07/01/1995  
Gender      ☒ Male      ☐ Female  
Contact Number      Tel:      Hp: 92383238  
Address      Blk 365 Clementi Ave 2, #05-477 S(120365)  
Address  
Email Address      Derek.lee@yahoo.com.sg

Was driver an employee of the Insured's Company?  
If No, relationship of Driver with the Insured.

☐ Yes      ☒ No  
Owner  
2      (including Driver)

No. of Passenger in vehicle (including Driver)

Please state Passenger Names:

Name: Catherine Ching      Gender: Female  
Name:      Gender:   
Name:      Gender:

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:   
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?

## 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;

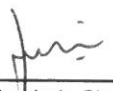
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(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

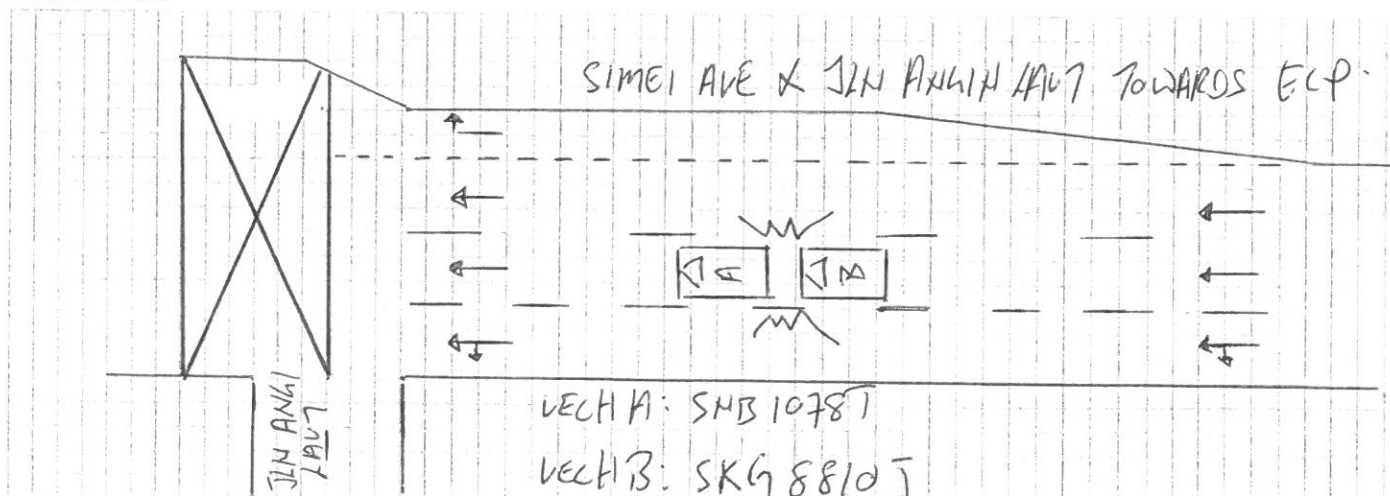
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

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

### Sketch Plan




Describe Circumstances of the Accident

AT THE STATED DATE, PLACE & TIME. DUE TO RED TRAFFIC LIGHT. I SLOW DOWN & STOP MY VEHICLE. MOMENT LATER. SUDDENLY I FELT A VERY STRONG IMPACT FROM MY REAR. I GOT DOWN TO REALISED THAT VEHICLE 'B' HAS COLLIDED INTO ME. ALSO, I WOULD LIKE TO STATE THAT MY VEHICLE WAS STATIONARY AT POINT OF IMPACT.

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