

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> 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.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

02/06/2022 17:14 (SGT) 01/06/2022 15:45 (SGT) Punggol Rd, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMN6082X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No Alternative Phone No No

TAN ZE HUI SXXXX640Z TZH3381@YAHOO.COM.SG (Phone) +65-94234833 +65-94234833

VEHICLE PARTICULARS

Manufacturer

Model Variant

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? Vehicle Category

Transmission CC

Honda

Fit

FIT 1.3GF CVT

Private use

No - Claiming third party

Private car Auto

1317

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number AXA Insurance Pte Ltd Comprehensive

No

GA579049/01

20/08/2021 - 19/08/2022

DRIVER

Name of Driver NRIC No

TAN ZE HUI SXXXX640Z



Date Of Birth Occupation **Date Of Driving Pass** Driving experience Gender Mobile Number Alt. Phone Number **Email Address** 

Address Address complement Postcode

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

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name LOUISE TAN EN QI Gender Female

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Yes Police Station Name Punggol Neighbourhood Police Centre Police Station Phone No (Phone) +65-18006049999 Alt. Police Station Phone No (Fax) +65-64468015 Police Station Address Blk 21A Tebing Lane Singapore 828837 Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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**

03/03/1981

19/04/2005

+65-94234833

#10-702

822668

Yes

No

17 YEARS AND 2 MONTHS

TZH3381@YAHOO.COM.SG

668B EDGEFIELD PLAINS

(Phone) +65-94234833

Indoor

Vehicle Registration Number FBK1848H Vehicle Manufacturer



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Vehicle Model	-
Vehicle Variant	<del></del>
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	BILLY KOO
Contact Number	(Phone) +65-94863503
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

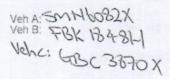
Vehicle Registration Number	GBC3870X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	=
Vehicle Category	Commercial vehicle
Name of Driver	HONG HOCK NANG
NRIC No	SXXXX365E
Contact Number	(Phone) +65-86864534
Address	-
Address complement	3 <b>-</b>
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	<b>BILLY KOO</b>
Gender	-
Phone No	-
Address	_
Address Complement	-
Post Code	_
Approximate Age Years Old	=
Injuries Sustained	ABRASION
Injured person in which vehicle?	FBK1848H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN



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- 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)

Lunderstand, 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' law yers/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.
- Including their law yers/law firms), which may be sited outside at Singapore, for one or more of the above Purposes.

  "I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Frothing Centre Personnell you Mc for Company
Sketch Plan	- 13.1 \	COMPLETED # 2 JUN 200
9-6 301		
-9		
<del>-6</del>		
B	ngol R1	

Describe Circumstances of the Accident  Verb S FSK 13 43 H  Verb C COC 25670X  PAFET TO POLICe PROTH	Describe Circumstances of the Accident	
who & FBK 13 47 BH Vahe: GAZ 3670X  Pofor to Police Report	VODA SMN WBX	
Value GRE 3570X	Veh 8 8 884 13243H	
Pefer to Police Peport	Volar Cay 33570V	
Pefer to Police Report	Valve, dec so. A	
	DC - 70 DDC 18 DDE	
	keter 10 1000 1000	
	1.11	

### Declaration

I/We declare the foregoing particulars are true in every respect.

Time | 26 | 2022 | Zat 26 | 2022 | (am | Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Stanfting Centre Personnel

COMPLETED #2 194 212

#### POLICE REPORT

Tel No. 1800-6049999

#### REPORT OF A TRAFFIC ACCIDENT

Vote Report No. 17,207, 060170095

Informant's Particulars

Name of informant

JAN ZE HUI

ACT BUNGGOOD DOCUMENT PLANTS AND 707 SINGAPORE

Module 141, 1483.1

Sex 41

Age. Date of Birth

Type of Informant

Language English

Chinese

Race

Occupation

Driving Licence Information

Social worker (general)

Class, 2B.2A.3

### General Information of the Accident

Type of Accident:

Attended by Police

Dunk Drive Date/Time of Accident

Type of Location. Straight Road

No

Location

#### PUNGGOL ROAD

Weather Clear

Road Surface

Road Speed Limit

Traffic Flow.

Traffic Volume

Dual Carnage Way

Traffic Control:

Moderate

Type of Collision:

Traffic Light - Working

Anyone conveyed by

Between Moving Vehicles - Side Swipe - Same Direction

ambulance

Details of Vahiala Involved

Details of V	chicle involve	ed	part to the same and the			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK1848H	Motorcycle				Seriously	
					Damaged	
GBC3870X	Van					0
SMN6082X	Car	HONDA	FIT 1.3GF	Blue	Senously	1
			CVT		Damaged	

Details	of Va	shicle	Insurance	0

Vehicle No. Insurance Company	Insurance No	Effective	Expiry Dat
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#### POLICE REPORT #3



151 Punggot Central SINGAPORE 8,287.77 Tel No 1800-6049999

CONTINUATION OF REPORT

Sketch Plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report, it you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature of Officer Recording The Report

Other LAI TECK YONG

Signature Of Interpreter

Not applicable

Date/Time: 01/06/2022 17:39

Officer In Charge Of Case: TP/GIT/

Other MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

NP168