

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 Actual 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	01/08/2022 17:16 (SGT)
Reported by	Owner
Date of Accident	30/07/2022 19:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CENTRAL BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS898T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHEE WEEI
NRIC No	S1713459J
Email Address	MAIL@TCW.SG
Mobile Phone No	(Phone) +65-96623482
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	Golf 1.4 CLBMT 90 TSI D7F
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?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P1483597

DRIVER

Name of Driver	TAN JUN-YI RYAN
NRIC No	S9337519Z
Date Of Birth	06/10/1993
Occupation	Indoor

Date Of Driving Pass	14/02/2013
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96623482
Alt. Phone Number	-
Email Address	MAIL@TCW.SG
Address	48 WILKINSON ROAD
Address complement	-
Postcode	436707
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME6146T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMAD HANIFF BIN MOHAMAD ISMAIL
NRIC No	S1568866A

Contact Number	(Phone) +65-91998131
Address	-
Address complement	ASIA EXPRESS CAR RENTAL PTE LTD
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

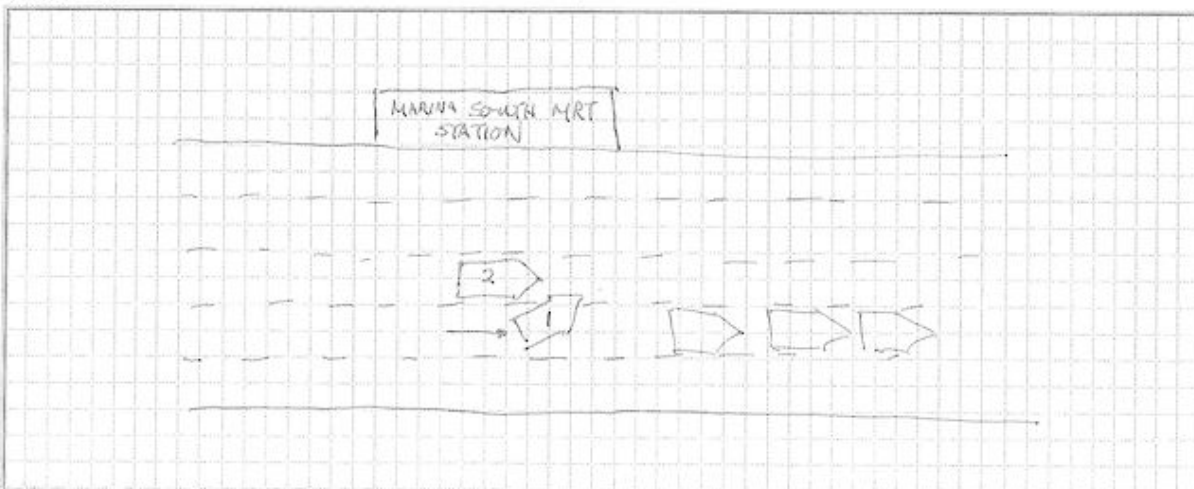
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

J. C. W.
Policyholder's Signature / Date & Time
1/8/22

J. C. W.
Actual Driver's Signature (if driver is not the policyholder) / Date & Time
For TAN JUN-YI REAN

Q. 1/8/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



v.Jun2022

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Describe Circumstance of the Accident

Accident occurred at 1913 hrs. on 30/7/22 along Central Boulevard in the direction towards CBD, in front of the closed MARINA SOUTH MRT station. My vehicle # S4S898T (1) was travelling on the 3rd lane from the left when traffic slowed almost to a stop on that lane. I changed lanes to the left and the left fender of my car collided with the front right ~~bumper~~ bumper/fender of the other vehicle # S4E6146T. (2.) No injuries were sustained. The vehicle S4E6146T has a vehicle camera. Damage on my vehicle was to the front left fender and forward section of front left door. Damage sustained on the other vehicle was to the right side of bumper, right fender. FRT.

Declaration

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


 Policyholder's Signature / Date & Time
 1/8/22


 Actual Driver's Signature (if driver is not the policyholder)
 Date & Time for
 TAN JUN-YI RYAN


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)







































