

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	25/08/2022 12:48 (SGT)
Reported by	Both
Date of Accident	24/08/2022 14:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TOWARDS CITY BESIDE LAMPOST 194 SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW4233T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HARSIMAR KAUR D/O GURDIP SINGH
NRIC No	S8021919I
Email Address	SIMARKWATRA@GMAIL.COM
Mobile Phone No	(Phone) +65-90125184
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	220
Variant	MERCEDES BENZ / GLB200 PREMIUM AMG LINE 7 SEATER
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA558268/1

DRIVER

Name of Driver	HARSIMAR KAUR D/O GURDIP SINGH
NRIC No	S8021919I
Date Of Birth	28/07/1980
Occupation	Indoor

Name of Driver	SHAH JEHAN HANIFFA
NRIC No	S7041953Z
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

INJURED 1


Name of injured person	HARSIMAR KAUR D/O GURDIP SINGH
Gender	-
Phone No	(Phone) +65-90125184
Address	8 EASTWOOD PLACE
Address Complement	-
Post Code	486538
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW4233T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-


SKETCH PLAN


VEHICLE NO:
DATE OF ACCIDENT:

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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' 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

A

A: SMW4233T

B

B: SJR979m







