

ACCIDENT REPORTING

Accident Date: (9 / 9 / 2002)(DD/MM/YYYY)

Time: (13 : 58)(HH:MM)

Location: Ang Mo Kio AVE 6

1. Accident Details

- a) Type Of Accident: Hood to Rear
b) Weather Condition: (Clear / Raining / Others: _____)
c) Road Surface: (Dry / Wet / Others: _____)
d) Are You Claiming Under Your Own Insurance? (Yes / No)
If No, Please State: (Third Party Claim / Reporting Only)
e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
If Yes, Please State Vehicle No: _____
f) Were You Been Approached By Unknown Person(s) Soliciting/Offering
Accident Claims Assistance? (Yes / No)
g) Was The Accident Reported To The Police? (Yes / No)
If Yes, Police Station Name: _____
h) Was Notice Of Prosecution Given?
If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- a) Vehicle Registration No: SKT 5413 Z
b) Vehicle Category: _____
c) Vehicle Manufacturer: _____ Vehicle Model: _____
d) Transmission: Manual / Auto CC: _____
e) No. Of Passengers (Including Driver) 2
Passenger Name: YIN- KHAY CHENG (Female / Male)
Passenger Name: _____ (Female / Male)
Passenger Name: _____ (Female / Male)
Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- a) Handling Insurer: AXA (GA541030 / 1)
b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
c) Fleet Policy? (Yes / No) CHIA YEW TECK
d) Owner Name: _____ (Female / Male)
e) ID Type: SD461901 (UEN / NRIC / Passport Or Fin / Work Permit)
f) Email: AARONCHIA45@gmail.com Mobile: 94756215
f) Alt No. Type: (Home / Office / Not In List) : _____

4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No)
b) Driver Name: CHIA GUANG HUI, AARON (Female / Male)
c) ID Type: S907501A (UEN / NRIC / Passport Or Fin / Work Permit)
d) Date Of Birth: 02-08-1990
e) Driving Pass Date: 25-01-2010
f) Email: AARONCHIA45@gmail.com Mobile: 94756215
g) Address: 23 ANG MO KIO AVE 9 #13-11
h) Postal Code: 569787
i) Occupation: (Indoor / Outdoor)
j) Driver Owner Relationship: Relative Does Driver Own Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

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5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SFN 1819 D.

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / No)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

7. Witness Details

a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

a) Are Accident Photos Available For Attachment? (Yes / No)

b) Was There Any Video Captured? (Yes / No)

a) Was There Any Audio Captured? (Yes / No)

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

ANGMO KIO AVE 6

A - SK54132

B - SFN18190

A
B

On the stated time and date, my vehicle A bearing SGT 54132 was stationary on any mo bld ave 6. Suddenly I felt an impact from my rear. After awhile, I got out of my vehicle and realized vehicle B bearing SFN 1819D had collided on to the rear of my vehicle.

On the stated time and date, my vehicle A bearing SGT 54132 was stationary on day mo bld ave 6. Suddenly I felt an impact from my rear. After awhile, I got out of my vehicle and realized vehicle B bearing SFN 1819D had collided on to the rear of my vehicle.

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