

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 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. 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 18/05/2022 16:27 (SGT)
Date of Accident 17/05/2022 18:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Cecil Street next to Cecil Court
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND9588A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Bolt Car Leasing Pte Ltd
Company Reg No 201118483H
Email Address cheehaw@boltcarleasing.com
Mobile Phone No (Phone) +65-97837834
Alternative Phone No +65-97837834

VEHICLE PARTICULARS

Manufacturer Hyundai
Model CN7 Avante 1.6 DOHC CVT S
Variant -
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 1598

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number P1308841
Cover Note Number -

DRIVER

Name of Driver Li Ping Hei Alfred
NRIC No S9538095F

Date Of Birth	16/10/1995
Occupation	Indoor
Date Of Driving Pass	26/04/2021
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81114736
Alt. Phone Number	-
Email Address	cheehaw@boltcarleasing.com
Address	79 Cairnhill Road #15-01
Address complement	-
Postcode	229681
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Ling Wei Yan, Alyssa
Gender	Female

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?	Yes
Reasons for not uploading a video of the accident	Refer to owner
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SX5603B
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	Natalie Chiu
NRIC No	S9720693G
Contact Number	(Phone) +65-98225116
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	Refer to photo
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKB9890Y
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Ho Siew Cheong
NRIC No	S1707959Z
Contact Number	(Phone) +65-81663636
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time

A 18/05/2022 0954

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 17/05/2022 AT 1830 HOURS, I WAS DRIVING AROUND CECIL STREET. THERE WAS A RED LIGHT SO WE HAD COME TO A STOP. THE LIGHT TURNED GREEN BUT THE CAR AHEAD OF ME REMAINED STATIONARY SO I WAS WAITING FOR IT TO DRIVE. WHILE STATIONARY WE WERE SUDDENLY REAR-ENDED BY THE CAR BEHIND US S45603B. I THEN GOT OUT OF THE CAR TO CHECK WHAT HAD HAPPENED AND WAS TOLD BY THE OTHER TWO DRIVERS THAT SKB4840Y HAD REAR-ENDED SX5603D WHICH CAUSED IT TO MOVE FORWARD AND HIT MY CAR. THE OTHER TWO DRIVERS APPEARED OTHERWISE UNINJURED. ~~NO~~

NO OTHER PARTY WAS INJURED

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

18/05/2022 1006

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

Witnessed by Reporting Centre Personnel

















