

## 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	29/09/2022 14:39 (SGT)
Reported by	Both
Date of Accident	29/09/2022 09:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE - TUAS EXITING THOMSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SDZ9111U

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUAH YEW KIM, SARAH (KE YOUJIN, SARAH)
NRIC No	S8307587B
Email Address	SARAHQUAH@GMAIL.COM
Mobile Phone No	(Phone) +65-90674261
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	420i
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	2000

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA415069

#### DRIVER

Name of Driver	QUAH YEW KIM, SARAH (KE YOUJIN, SARAH)
NRIC No	S8307587B
Date Of Birth	03/03/1983
Occupation	Indoor

Driving Pass  
ing experience  
der  
bile Number  
A. 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

11/03/2003  
19 YEARS AND 6 MONTHS  
Female  
(Phone) +65-90674261  
-  
SARAHQUAH@GMAIL.COM  
130 CAIRNHILL ROAD, #03-02

229717  
Yes

No

-

-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
Number of vehicles involved in the accident  
Was anybody injured in the Accident?  
Was any injured conveyed to hospital by ambulance?  
Was any other vehicle or property damaged?  
Number of Passengers (Including Driver)  
Has the driver been approached by unknown person(s)  
soliciting/offering accident claims assistance?  
Translator's name  
Translator's ID  
Translator's phone number  
Translator's email  
Original language used in the statement

No  
2  
No  
-  
Yes  
1  
No  
-  
-  
-  
-  
-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Was notice of intended Prosecution given?  
If yes, against whom?

No  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH SKETCH PLAN & STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident

Yes  
Yes  
VIDEO WITH INSURED DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour  
Vehicle Category  
Name of Driver

SG5818M  
-  
-  
-  
Green  
Bus  
TAN BAO HONG, BENEDICT

No  
ect Number  
ess  
ress complement  
stcode  
nsurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

S8514452I  
(Phone) +65-96170130

-  
-  
-  
-  
-  
BUS SERVICE #985  
-

SKETCH PLANIMPORTANT NOTICE

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- 3 Information provided must be as true and accurate as possible. Any willful 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 Traffic Police Department for investigation.**
- 6 This report will be forwarded by the insurers to 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

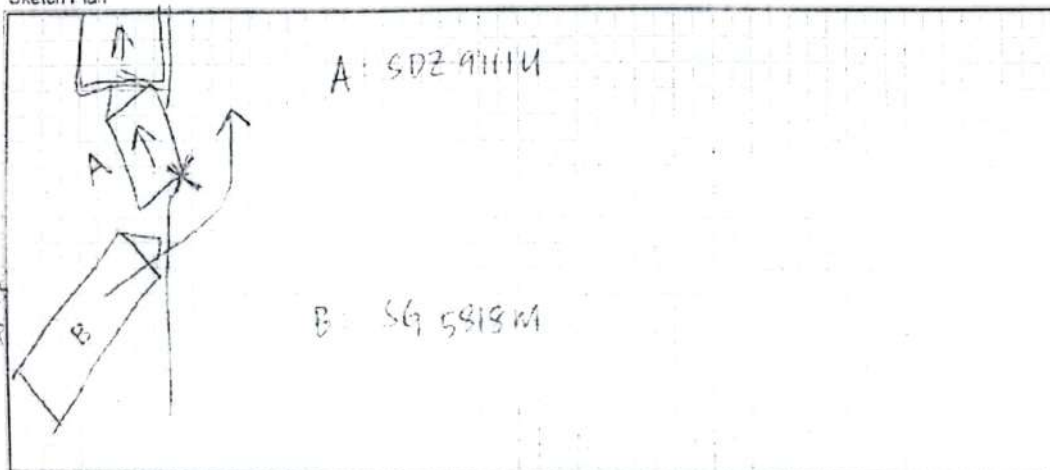
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan





Describe Circumstance of the Accident

My car was following a truck into a turn onto Thomson Rd. I just exit PIE (turn) towards Thomson Rd. My car was stationary, not moving.

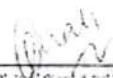
The double deck bus was trying to come out onto the road and hit the right, back of my car. The bus ~~was~~ continued driving forwards and stopped about 100m away.

The bus captain came down to apologise and asked for my details. He said he would report to SMRT and would update me after that.

Declaration

I declare the foregoing particulars are true in every respect.

  
Police Officer's Signature, Date & Time

  
Driver's Signature, Date & Time

18 SEP 2022  
  
Witnessed by Reporting Centre Personnel (Name & NRIC No.)