

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 10/10/2022 11:29 (SGT)
Reported by Both
Date of Accident 08/10/2022 17:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information TEMASEK BOULEVARD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ2914J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner EDDRICK LOW
NRIC No SXXXX346A
Email Address EDDRICK1466@GMAIL.COM
Mobile Phone No (Phone) +65-96625667
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
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 1991

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number GA571073

DRIVER

Name of Driver EDDRICK LOW
NRIC No SXXXX346A
Date Of Birth 01/04/1966
Occupation Outdoor

Date Of Driving Pass	16/05/1984
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96625667
Alt. Phone Number	-
Email Address	EDDRICK1466@GMAIL.COM
Address	10
Address complement	TEO KIM ENG ROAD
Postcode	416384
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	GOH LAY LENG
Gender	Female

PASSENGER 2

Name	DAUGHTER
Gender	Female

PASSENGER 3

Name	SON
Gender	Male

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 ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNE4459S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
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 GOH LAY LENG
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMZ2914J
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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' 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 : 10/10/2022 @ 1030 HRS
 Sketch Plan


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

JACK CARS ENTERPRISE PTE LTD
 BLK 3007 UBI ROAD 1
 #01-448 / 450 / 452
 SINGAPORE 408701
 TEL: 6748 8424, 6748 8834
 6748 8424, 6748 8834
 Personnel

REFER TO VIDEO

DATE: 8/10/2022

TIME: 1715 HRS

LOCATION: Temasek Boulevard

VEHICLES INVOLVED:

VEHICLE A: 8M22914J

VEHICLE B: SNE4459S

VEHICLE C: /

VEHICLE D: /

NO. OF PASSENGERS: 3

CIRCUMSTANCES OF ACCIDENT:

I was driving along Temasek Boulevard when the vehicle in front of me stopped and I followed suit.

At the same point of time I felt an impact on my rear left of the car.

My wife namely: GOH Lay Leng was given 3 days MC.

We declare the foregoing particulars are true in every respect.

10/10/2022 @ 1030HRS

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

JACK CARS ENTERPRISE PTE LTD
BLK 3007 UBI ROAD 1
#01-448 / 450 / 452
SINGAPORE 408701
TEL: 6748 8824 FAX: 6748 8834
Witnessed by Reporting Centre
Personnel