

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 28/09/2022 16:04 (SGT)
Reported by Both
Date of Accident 25/09/2022 17:53 (SGT)
Exact Location of Accident Lor 39 Geylang, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF5592P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM JUN HONG
NRIC No S8807050Z
Email Address BERBATO.V.JH@GMAIL.COM
Mobile Phone No (Phone) +65-98799896
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc250
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number GA612158

DRIVER

Name of Driver LIM JUN HONG
NRIC No S8807050Z
Date Of Birth 06/03/1988
Occupation Outdoor

Date Of Driving Pass	18/08/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98799896
Alt. Phone Number	-
Email Address	BERBATOV.JH@GMAIL.COM
Address	BLK 531 JELAPANG ROAD #09-09-
Address complement	-
Postcode	670531
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	TAN SHILI
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

I WAS WAITING OUTSIDE SIMS RESIDENCE FOR A LOT AS THE CARPARK LOTS WERE FULL THAT DAY. I WAS THE ONLY CAR TAT DAY PARKED BEHIND. AFTER WAITING FOR 10 MINTUES, I REVERSE AND WANTED TO LEAVE AND FIND ANOTHER LOT WHEN I FELT AN IMPACT AT MY BACK. I WENT DOWN AND SAW ANOTHER CAR BEHIND ME THAT HAD INCHED FORWARD FROM HIS POSITION JUST OUTSIDE THE CONDO TO HIT MY CAR. HE WAS PARKING IN A DANGER SPOT THAT BLOCK OTHER CARS FROM COMING OUT FROM THE COND AND ALSO TRIED TO BLOCK MY EXIT FROM THE SPACE I WAS IN. LUCKY FOR US, WE WERE REVERSING AT SLOW SPEED AND NONE OF MY PASSENGER WAS INJURED. MY BOOT SUFFERED SLIGHT SCUFFS AND NO OTHER DAMAGES WERE REPORTED. I DO SUSPECT THE DRIVER HAD TINTED WINDOWS THAT BLOCKED HIS VISION.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF5592P
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	VEHICLE B
No. Of Passenger (Including Driver)	3

SKETCH PLAN

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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.
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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.

<p><i>SM</i></p> <p>Policyholder's Signature / Date & Time</p>	<p>Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)</p>
<p>Sketch Plan</p>		

Describe Circumstance of the Accident

I was waiting outside Sims Residence for a lot as the carpark lots were full that day.

I was the only car that day parked behind.

After waiting for 10 minutes, I reversed and wanted to leave and find another lot when I felt an impact at my back.

I went down and saw another car behind ~~me~~ me that had inched forward from his position just outside the condo to hit my car.

He ~~was~~ was parking in a danger spot that block other cars from coming out of the condo and also tried to block my exit from the space I was in.


Lucky for us, we were reversing at slow speed and none of my passenger was injured.

My boot suffered slight ~~scuff~~ scuffs and no other damages were reported.

I also suspect the driver had heavily tinted ~~the~~ windows that block his vision.

Declaration

I/We declare the foregoing particulars are true in every respect.

 28/01/22

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)

































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2X229S000B Vehicle Registration No: SMF559DP
 Name (as shown in NRIC): LIM JUNE HONG NRIC/FIN/Passport No: S88070502
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9879 9896
 Email Address: _____
 Date of Accident: 25/07/22 Time of Accident: 17.53
 Place of Accident: LORENA 39 BAYLANS
 Insurance Company: AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

— AMEND BNACL

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

LETTER OF UNDERTAKING

I/We, Lim Jun Hong, the owner of vehicle no. SMF 5592P

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:



.....
Nric no. & signature of policyholder

.....
Company stamp

.....
Date