

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 14/10/22	Time: 07:05	(hh:mm) 24 hr format
Location Slip Rd of Bedok South Ave 1 turns Bedok South Rd		
Vehicle Number SKC734U		
Insured Name Wong Sing Yong		
NRIC / FIN F8297216K	Contact Number 9188 3608	
Make Toyota	Model Wxy	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: (✓) Third Party ( ) Reporting		
Insurance Company AXA		
Type of Policy (✓) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number GA066372/1		
Name of Driver		(✓) Same as Insured
NRIC / FIN -	Contact Number -	
Date of Birth 23 Dec 1978		
Driving Pass Date 27 Jun 2011		
Occupation ( ) Indoor ( ) Outdoor		
Gender ( ) Male (✓) Female		
Email Address abc8627e@gmail.com		( ) NO EMAIL
Address of Driver 72 Bayshore Rd #15-13 Costa Del Sol (S) 469988		
Was driver an employee of the Insured's Company? ( ) Yes (✓) No		
If No, Relationship of the Driver with the Insured		
(✓) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (✓) Clear ( ) Raining ( ) Others		
Road Surface (✓) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes (✓) No		
Was anybody injured in the accident? ( ) Yes (✓) No		
If yes, injured detail		
Was there any video captured by Car Camera? ( ) Yes (✓) No		
Was the Accident reported to the Police? ( ) Yes (✓) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B	SLM6154P	
Veh C		
Veh D		
Veh E		
Veh F		

#2 passengers

(1) Chew Yi (F)

(2) Chew Teck Fan (M)

## 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.

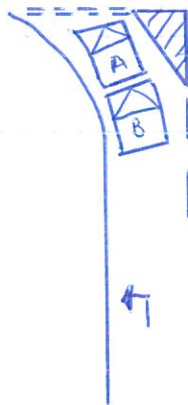
  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### **Sketch Plan**

veh A: SLM 6154P  
veh B: SKC 734U





**Describe Circumstances of the Accident**

Attached

The


10

Peter

**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

On the stated date and time. I, Vehicle A (SKC734U) was stationary on the Slip Road of Bedok South Avenue 1 Towards Bedok South Road to check for clearance from the main road before moving off. Suddenly I felt a huge impact from the rear portion of my stationary vehicle. After I alighted I then realise that is Vehicle B (SLM6154P) that had collided onto my vehicle.

I wish to state that I got 2 passengers in my car.

**Vehicle A : SKC734U**

**Vehicle B : SLM6154P**

A handwritten signature in black ink, appearing to be 'J. M. S.', located at the bottom center of the page.