

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	13/10/2022 15:42 (SGT)
Reported by	Both
Date of Accident	07/10/2022 01:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH SOUTH HIGHWAY TOWARDS KL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5944S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAY CHEE MUN
NRIC No	S9107875I
Email Address	CHEEMUN5000@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91294092
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Scirocco
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	0

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA609148/1

DRIVER

Name of Driver	CHAY CHEE MUN
NRIC No	S9107875I
Date Of Birth	07/03/1991
Occupation	Indoor

Date Of Driving Pass	01/10/2010
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-91294092
Alt. Phone Number	-
Email Address	CHEEMUN5000@HOTMAIL.COM
Address	615 CHOA CHU KANG ST 62 #04-245
Address complement	-
Postcode	680615
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
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	-

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 ATTACHED

ATTACHMENT(S)

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

SKETCH PLAN

IMPORTANT NOTICE

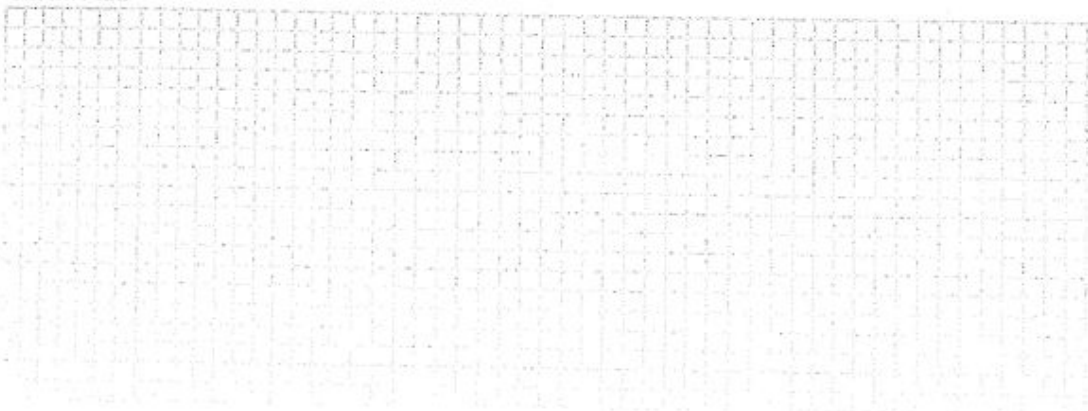
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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



Describe Circumstances of the Accident:

refer to police
report

Declaration

We declare the foregoing particulars are true in every respect.

Sing

Policyholder's Signature / Date & Time

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

[Signature]

Witnessed by Reporting Centre Personnel

Balai	: YONG PENG
Daerah	: BATU PAHAT
Kontinjen	: JOHOR
No. Repot	: TRAFIK BATU PAHAT/013634/22
Tarikh	: 07/10/2022
Waktu	: 0443 AM
Bahasa Diterima	: B. Malaysia

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POLIS DIRAJA MALAYSIA

CAWANGAN TRAFIK

IBU PEJABAT POLIS DAERAH BATU PAHAT,

83000, BATU PAHAT

07-4327704

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : CHAY CHEE MUN
 No Kad Pengenalan / Paspot : K2199016H
 No Repot Polis : TRAFIK BATU PAHAT/013634/22
 Tarikh @ Masa Repot Polis : 07/10/2022 @ 04:49
 Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R117942) SJN HUSSIN BIN SAFAR
 Tempat Tugas : BUKIT AMAN, Jabatan KDN/KA
 No Telefon Pejabat : No Telefon Bimbit : 0127555559
 Tarikh @ masa Perjumpaan :
 Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Ahad - Khamis : 08:00 Pagi - 01:00
 Tengah Hari 02:00 Petang - 04:30
 Petang Jumaat : 08:00 Pagi - 12:30
 Tengah Hari 02:45 Petang - 04:30
 Petang Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☐
 2. Gambar Kenderaan ☐
 3. Rajah Kasar Kemalangan ☐
 4. Keputusan Siasatan ☐
 5. Lain-lain Dokumen ☐
 Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan
 Dokumen :

Tandatangan Pegawai Kaunter
 Pembekalan Dokumen













