☑ Scene Pic
☑ Auth Letter

☑ Owner
○ Driver

ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
29/10/2022	1926	CHUA CHU KANG AVE 3

PARTICULARS OF YOUR VEHICLE INVOLVED IN THE ACCIDENT

Vehicle Registration Number	SJV 7070S
Name of Policyholder	AHMAD HAFIZ BIN ZULKIFLI
Full NRIC/ FIN/ Passport/ ROC (if owner is company)	S8509376G
Address	3 YISHUN ST 51 #02-05 SINGAPORE 767997
Address	
Contact Number a.hafiz@gmail.com	Tel: Hp: 91522411
(MUST WRITE) - EMAIL ADDRESS (compulsory)*	a.hafiz@gmail.com
Vehicle Make / Model	BMW M6 COUPE
Type of Vehicle AUTO/MANUAL	Saloon, MPV, CRV, Van, Lorry, Bus Motorcycle, Others
Are you claiming under your own insurance policy?	○ Yes ☑ No Remarks: TP Claim
Vehicle category	○ Private Hire ☑ Private ○ Commercial ○ Motorcycle
Name of Insurance Company	AXA INSURANCE
Type of Policy	☑ Comprehensive ○ TP Fire & Theft ○ Third party
Fleet Policy	○ Yes ☑ No
Policy Number	GA5564424
Name of Driver	Same As Above
NRIC/ FIN/ Passport	
Date of Birth	04/04/1985
Driving Pass Date	29/01/2004 (Class 3)
Gender	☑ Male ○ Female
Contact Number	Tel: Hp:
Address	
Address	
(MUST WRITE) - EMAIL ADDRESS (compulsory)*	
Was driver an employee of the Insured's Company?	○ Yes ☑ No
If No, relationship of Driver with the Insured	
No. of Passenger in vehicle (including Driver)	1 (including Driver)
Please state Passenger Names:	Name: Gender:
	Name: Gender:
	Name: Gender:
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions	☑ Clear ○ Raining ○ Others
Road Surface	○ Wet ☑ Dry ○ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	☑ No ○ Yes
Was anybody injured in the accident? (including Witness)	☑ No ○ Yes Ambulance (Yes/No)
Was any other vehicle(s) or property damaged?	○ No ☑ Yes
Was there any video captured? (in-car camera in YOUR CAR)	☑ No ○ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	☑ No ○ Yes
If Yes, please state which police station:	
Was notice of intended Prosecution given?	☑ No ○ Yes
If Yes, type of offence?	

OWN VEHICLE REGISTRATION NUMBER SJU7695

DETAILS OF OTHER VEHICLE(S) OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Vehicle or Property DAMAGED BY OTHER PARTY INFORMATION

Vehicle Registration Number	SLM1307Z
Make/ Model/ Others	Toyota Sienta
Vehicle category	○ Private Hire ○ Private ○ Commercial ○ Motorcycle
Name of Driver	Mohd Isa Bin Hassan
NRIC/ FIN/ Passport	S6450864C
Contact Number	
Number of People in vehicle	(1)

Other Vehicle or Property 2 (IF ANY)

Vehicle Registration Number	
Make/ Model/ Others	
Vehicle category	○ Private Hire ○ Private ○ Commercial ○ Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	
Number of People in vehicle	

DETAILS OF WITNESS

Name	
Phone / Email Address	

OTHER INJURED PERSON 1

Name	
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	○ Yes ○ No
Was injured conveyed to hospital by ambulance?	○ Yes ○ No

DETAILS OF INJURED PERSON 2

Name	
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	○ Yes ○ No
Was injured conveyed to Hospital by Ambulance?	○ Yes ○ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder / Company Chop (if applicable) — Date & Time

Signature of Driver / Date & Time (if Driver is not the Policy Holder) — Date & Time

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 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 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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me by virtue 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 the 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.

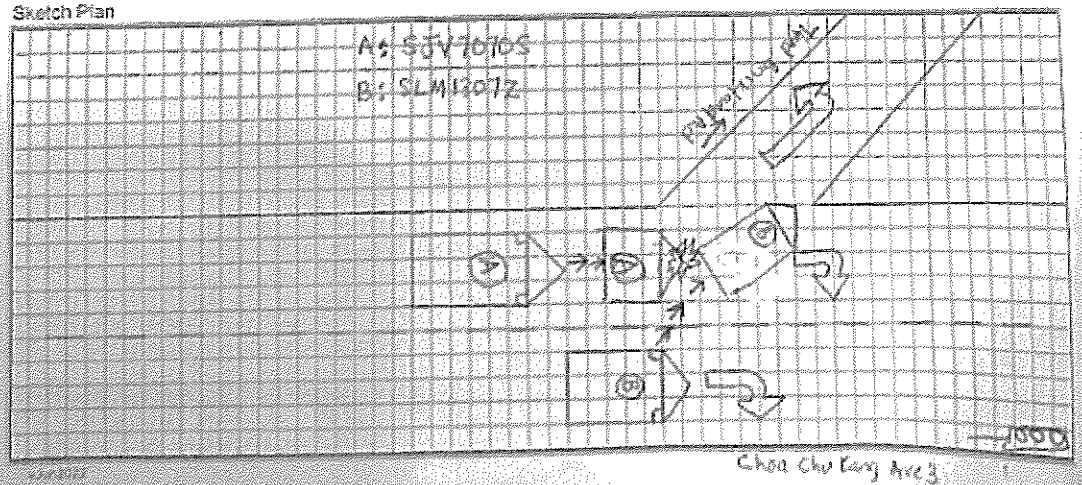
31/10/2022, 1530

Policyholder's Signature / Date & Time

Actual 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

I was travelling in my car [SSJ7070S] within the speed limits along Choa Chu Kang Ave 3 on the left lane out of the two 'Right turn only' lanes toward Choa Chu Kang Ave 5 when vehicle (B) [SLM 1307Z] which was on the right lane suddenly swerved into the lane I was driving along in a last-minute attempt to go into the filter lane on the left (toward Bricklaud Rd). The left rear side of vehicle (B) collided into the front right side of my vehicle as an aftermath of his reckless abrupt lane change. We both stopped by the roadside and the driver of vehicle (B) came out and apologized for his last last-minute lane change which caused the accident. He claimed that his eyes couldn't see that well at night anymore.

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

TAN HIN AUTO PTE LTD
TEL: 6452 7018

3/10/2014 1545
Policyholder's Signature / Date & Time

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

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