

# 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 .....	11/11/2022 15:32 (SGT)
Reported by .....	Driver
Date of Accident .....	11/11/2022 07:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	49 BEDOK WALK, SINGAPORE 469145
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCW260J
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH WEE LENG ANTHONY
NRIC No .....	S6929773J
Email Address .....	gohwl@singnet.com.sg
Mobile Phone No .....	(Phone) +65-96264864
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	216i
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1499

### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Policy Number / Cover Note Number .....	GA318316

### DRIVER

Name of Driver .....	LIM HWEE LEY
NRIC No .....	S7137920E
Date Of Birth .....	24/10/1971
Occupation .....	Indoor

Date Of Driving Pass .....	13/06/1992
Driving experience .....	30 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92974049
Alt. Phone Number .....	-
Email Address .....	hweeley@gmail.com
Address .....	BLK 56 MINBU ROAD #08-02
Address complement .....	-
Postcode .....	308185
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Collided into Parked Vehicle
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? .....	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 .....	LOW CHOY KWAN
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 ATTACH

#### ATTACHMENT(S)

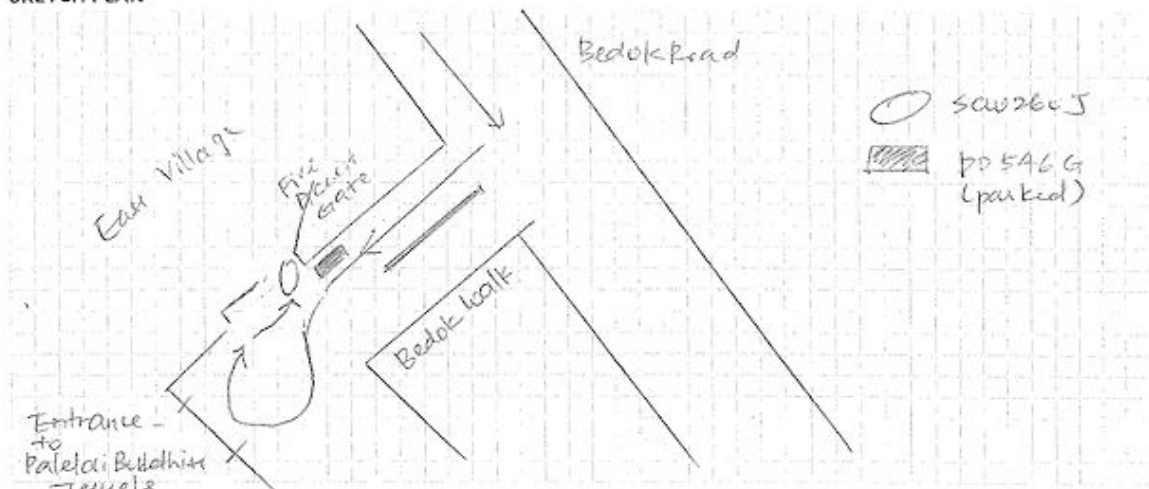
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PD546G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	White
Vehicle Category .....	Bus
Name of Driver .....	ANG KOK HENG (HONG GUOXING)
NRIC No .....	S7534605J
Contact Number .....	(Phone) +65-92474879
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT
Details of property damaged in accident .....	EAST VILLAGE FIRE ACCESS GATE
No. Of Passenger (Including Driver) .....	0

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/11/2022, 7:55pm, I turned right from Bedok Road to Bedok Walk to drop off a passenger (Low Choy Kuan) at the Palelai Buddhist Temple. As the gate to the temple had a barrier it cannot drive in to drop off, I made a turn at the corner. I wanted to stop behind the parked white Toyota van. The van was parked near the East Village fire access gate.

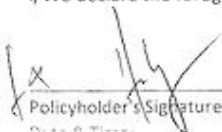
When I turned, I lost control and the car slipped the left hand side of the van and hit the opened fire access gate.

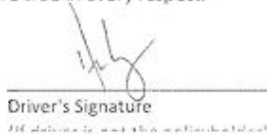
The van's left hand side front bumper was dented and the plastic guard above the number plate was loose. There was no one in the van. They were making a delivery at the temple. The van was able to drive off after.

The entry gate for residents (part of the fire access gate) is now out of alignment. The gate was open during the accident. The East Village route was alerted and they will alert the waste manager. The contact number that I had was 6712 6120.

DECLARATION

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

  
Policyholder's Signature

  
Driver's Signature

  
Reporting Centre Person's Signature


SKETCH PLANIMPORTANT NOTICE


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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 11/11/2022

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:





























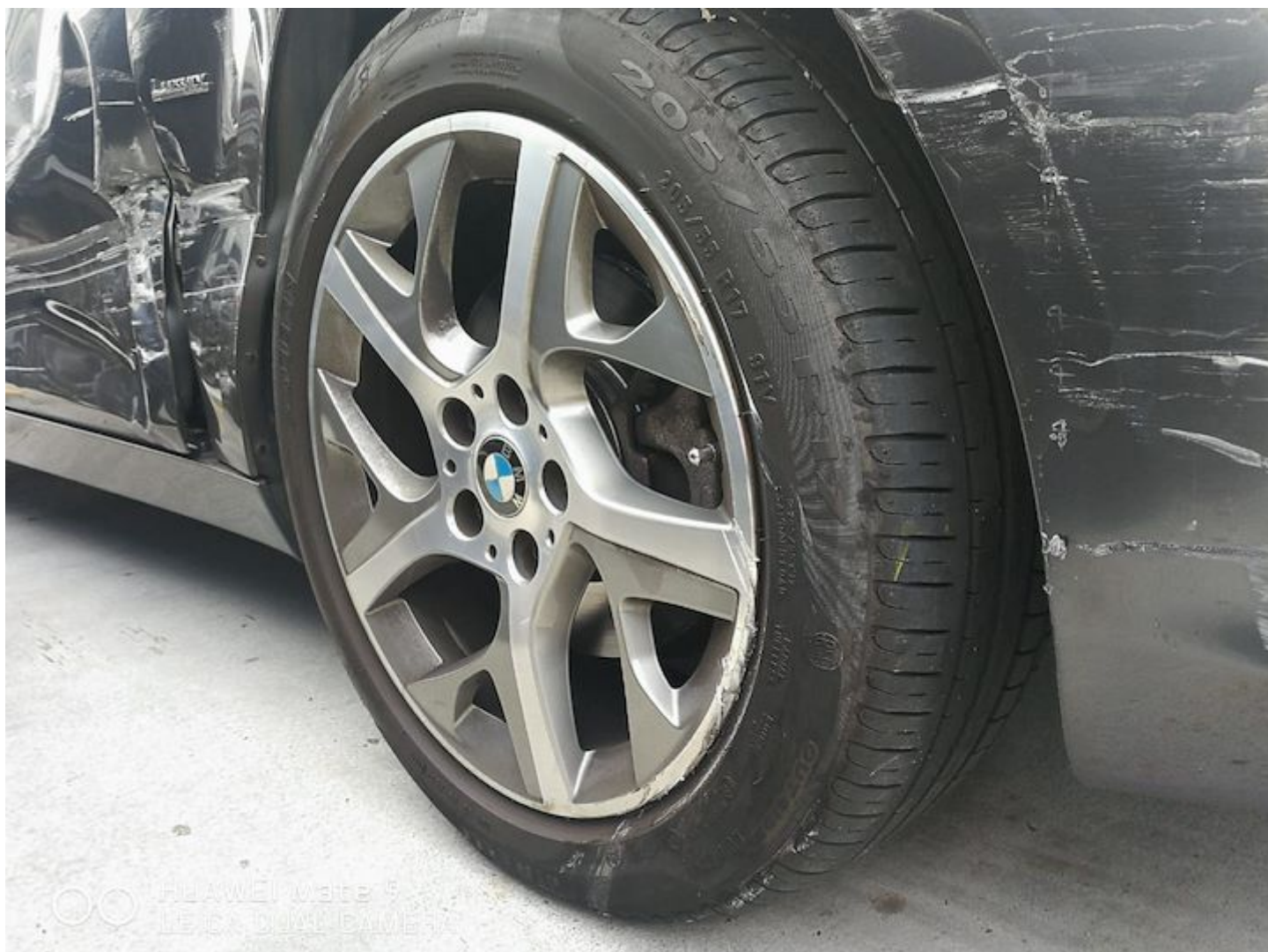
































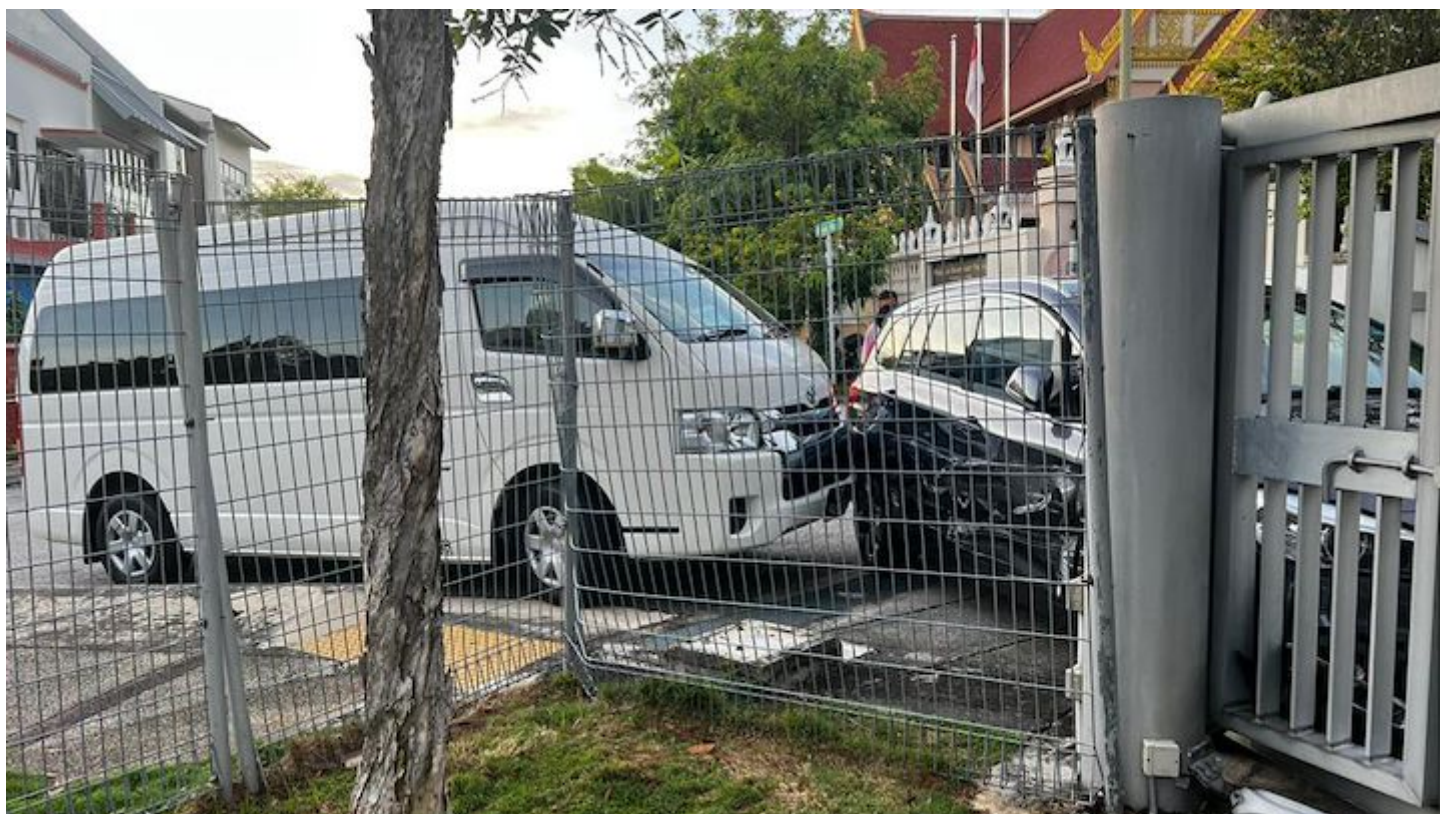






























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

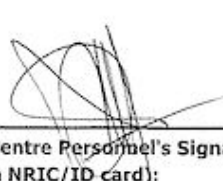
Original Report No: SP0X22BB0004 Vehicle Registration No: SCW260J  
 Name (as shown in NRIC): GOH WEE LENG ANTHONY NRIC/FIN/Passport No: Sxxxx773J  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 56 MINBU ROAD #08-02 Singapore (308185)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9626 4864  
 Email Address: \_\_\_\_\_  
 Date of Accident: 11/11/2022 Time of Accident: 07:25 am  
 Place of Accident: 49 BEDOK WALK, S469145  
 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:

Type of Accident should be Collided into Parked Vehicle instead of Collided into Property

\_\_\_\_\_  
 Policyholder / Actual Driver's Signature  
 Date:

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