

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 22/11/2022 10:02 (SGT)
Reported by Both
Date of Accident 21/11/2022 16:40 (SGT)
Exact Location of Accident Grange Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS4414J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NURUL FARHANA BINTE RAZALI
NRIC No S8730548A
Email Address NURUL_RAZALI@YAHOO.COM
Mobile Phone No (Phone) +65-90263011
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 318i
Variant LED NAV
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 1499

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number VPA/P2398919

DRIVER

Name of Driver NURUL FARHANA BINTE RAZALI
NRIC No S8730548A
Date Of Birth 03/10/1987
Occupation Indoor

Date Of Driving Pass	02/11/2009
Driving experience	13 YEARS
Gender	Female
Mobile Number	(Phone) +65-90263011
Alt. Phone Number	-
Email Address	NURUL_RAZALI@YAHOO.COM
Address	233 PENDING ROAD #03-11
Address complement	-
Postcode	670233
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	Side Swipe
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)	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

ON 21/11/22 AT AROUND 1640HRS I WAS DRIVING VEHICLE A (SMS4414J) AT GRANGE ROAD. AS I WAS MOVING IN LANE 3 FROM THE RIGHT, VEHICLE B(SNB2550P) SWIPED MY CAR KNOWING THAT I WAS ALREADY INSIDE THE LANE. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB2550P
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	LEE BOBBY
Contact Number	(Phone) +65-83994690
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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.

**FLASH ACCIDENT
REPORTING OFFICER**

FRO ZIKRUL

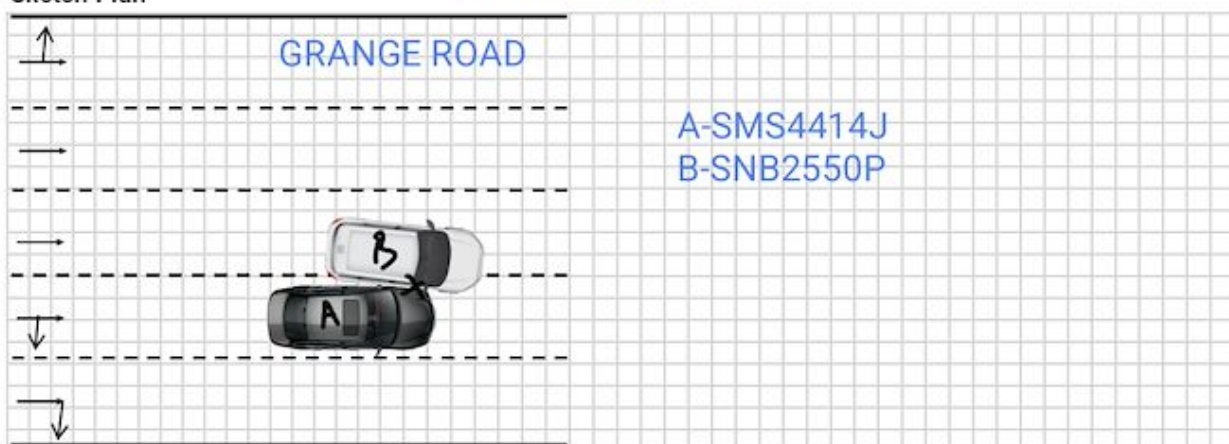


Policyholder's Signature / Date & Time

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

21/11/22 1815HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 21/11/22 AT AROUND 1640HRS I WAS DRIVING VEHICLE A (SMS4414J) AT GRANGE ROAD. AS I WAS MOVING IN LANE 3 FR9M THE RIGHT, VEHICLE B(SNB2550P) SWIPED MY CAR KNOWING THAT I WAS ALREADY INSIDE THE LANE. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED.

Declaration

I/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

21/11/22 1815HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO ZIKRUL



Witnessed by Reporting Centre
Personnel









