

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	16/01/2023 09:52 (SGT)
Reported by	Both
Date of Accident	14/01/2023 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2716J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SIOW WERN CHIET
NRIC No	SXXXX008A
Email Address	SIOWWERNCHIET@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82227096
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA434029/1

DRIVER

Name of Driver	SIOW WERN CHIET
NRIC No	SXXXX008A
Date Of Birth	26/06/1988
Occupation	Indoor

Date Of Driving Pass	11/10/2013
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82227096
Alt. Phone Number	-
Email Address	SIOWWERNCHIET@HOTMAIL.COM
Address	6 TAO CHING ROAD #12-07
Address complement	-
Postcode	618723
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	Collision - Head to Rear
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

WHITE SLOWING DOWN MY CAR, CAR 'B' SUDDENLY KNOCKED INTO MY CAR REAR PORTION.

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	XE3356T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DETAILS

Are you claiming under your own insurance policy for repair to your vehicle?

YES

☐

NO - Claiming Third Party

☒

NO - Reporting Only

☐

Country/State of Loss: Singapore/ Malaysia

Date of accident: 14 Jan 2023

Time of accident:

10 30 AM

Exact Location of Accident:

AYB

Type of accident:

Rear + Head to Rear

No. of vehicles involved in the accident:

2

Weather condition:

Clear

☒

Raining

☐

Others:

Road surface:

Dry

☒

Wet

☐

Others:

Was any foreign vehicle involved in accident?

YES

☐

NO

☒

If YES, Foreign vehicle registration number:

Category:

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

YES

☐

NO

☒

Was notice of intended Prosecution given?

YES

☐

NO

☒

Was the accident reported to the police?

YES

☐

NO

☒

If YES, Please state which Police Station:

OWNER VEHICLE

Vehicle registration number:

SMH 2716 J

Vehicle Manufacturer: MERCEDES-BENZ

Vehicle Model:

A-200

Transmission: Manual

☐

Auto

☒

CC:

1332

Number of passengers (including driver):

1

Passenger 1:

Male

☐

Female

☐

Passenger 2:

Male

☐

Female

☐

Passenger 3:

Male

☐

Female

☐

Passenger 4:

Male

☐

Female

☐

SKETCH PLAN

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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

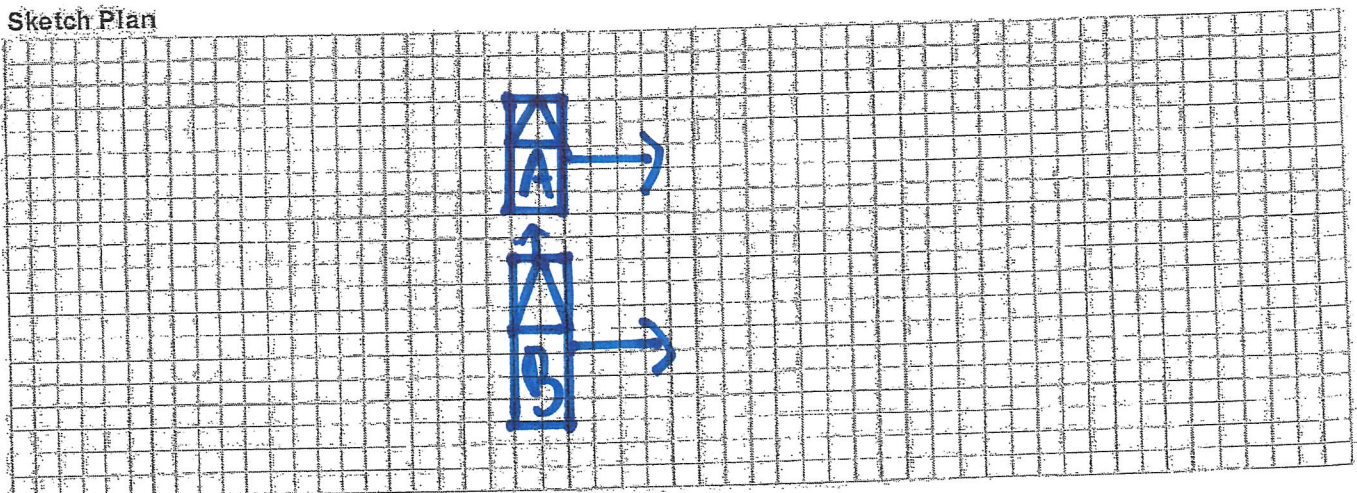
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time:

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : chechan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Lempang

Describe Circumstances of the Accident

While slowing down my car, Car "B"
suddenly knocked into my car rear portion.

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

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop