

# 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	01/08/2022 15:49 (SGT)
Reported by	Both
Date of Accident	31/07/2022 14:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	Towards Punggol Road
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2524A
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Muhammad Zulhilmi Bin Mohamed Rohaidzat

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	AXIO 1.5X A
Vehicle Category	Private car
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA604817/1

### DRIVER

Name of Driver	Muhammad Zulhilmi Bin Mohamed Rohaidzat
NRIC No	S9325837A
Address	Apt Blk 109D Canberra Walk
Address complement	#08-344
Postcode	754109
Does Driver Own Other Vehicles?	No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Motorcyclist
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Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No  
Was anybody injured in the Accident? No  
Was any other vehicle or property damaged? Yes  
Number of Passengers (Including Driver) 1  
Translator's name -  
Translator's ID -  
Translator's phone number -  
Translator's email -  
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

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 FBJ9852Y  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Motorcycle  
Name of Driver -  
Insurance Company Name -

SKETCH PLAN

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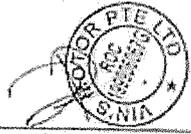
8. Consent under the Personal Data Protection Act (PDPA)

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 claim;
  - (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 cited 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



A: SJN 2524A  
 B: PBJ9853Y

**Describe Circumstances of the Accident**

On the stated time / date. I was driving along TPE on Lane 1 I thought I saw something on the road so I veered to the left. After I looked back to see what it was, I did not realise my car was still veering and I steered to lane 2 and hit the motorcycle. Rider was still conscious and walked to the side of the road. Car was slightly damaged, a few scratches and side mirror cover was cracked.

**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













IMAGES #7





