

Attn: Mr Ma

Total 8 page

MBHA16021363-01 / BH Auto Services Pte Ltd - HQ
ENTRY DATE & TIME: 19/02/2016 15:42

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 Authorised 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 ability.
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 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.

67414108

ACCIDENT STATEMENT	
Date Of Report	19/02/2016 15:42
Date Of Accident	18/02/2016 15:30
Exact Location Of Accident	HOLLAND ROAD TOWARDS HOLLAND VILLAGE
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKT7945S
Insured/Policyholder	
Name Of Registered Owner	DANIEL DAVID CHAN KAI XING
NRIC No	S8528255G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82330113
Alternative Phone No	Office-82330113
Vehicle Particulars	
Manufacturer	MAZDA
Model	RX-8-1.3 (A)
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA052230/1
Cover Note Number	
Driver	
Name of Driver	CHAN KAI YUAN JEREMY
NRIC No	S8636541C
Date Of Birth	04/12/1986
Occupation	Indoor
Date Of Driving Pass	14/04/2015
Driving Experience	0 Year And 10 Month
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Sibling
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Collision- Head to Rear (TP Hit Insured)
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? No
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG HOLLAND ROAD TOWARDS HOLLAND VILLAGE NEAR JUNCTION OF TAN BOON CHONG AVENUE ON LANE 1. FRONT VEHICLE STOPPED. I FOLLOW SUIT (STATIONARY). SUDDENLY VEHICLE B HIT MY REAR VEHICLE REAR PORTION. DUE TO STRONG IMPACT CAUSED MY VEHICLE TO HIT FRONT VEHICLE C. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. DUE TO THE STRONG IMPACT, THE ORNAMENT WHICH I HANG INSIDE THE MY CAR, SWUNG FORWARD AND HIT ONTO MY FRONT WINDSCREEN. THE FRONT WINDSCREEN CRACKED.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP2772P
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJF6398M
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver DENG HONG XIANG

NRIC/Passport Number

S7180641C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan #2

SKETCH PLAN

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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.
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

Holland Rd - Parkway Hotel Village

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10:00 AM 10:00 AM

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Tan Boon Chong Ave

(1) ST 1945

(2) ST 1945

(3) Unknown

Deng Hong Xiang

Sketch Plan

Describe Circumstances of the Accident

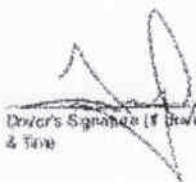
I was travelling along Holland Road towards Holland Village near Junction of Tan Boon Chuan Avenue on lane 1. Front vehicle stopped. I follow suit (stationary). Suddenly vehicle B hit my vehicle rear portion. Due to the strong impact caused my vehicle to hit front vehicle C. Total 3 vehicles involved in this accident.

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

Witnessed by Reporting Centre Personnel

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
138 Robinson Road #07-09
The Corporate Office
Singapore 068806
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

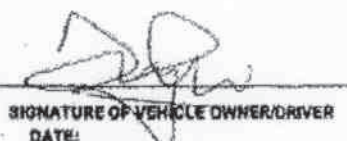
Original Report No: MOHA 16021363 Vehicle Registration No: SKT 79453
Name(as shown in NRIC): Chan Kai Yuen Tereng
(Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No: S86365+1C
Address: 67 Hume Ave.
Contact (Tel): _____ (HP): 87330113
(Email): _____
Date Of Accident: 18.03.2016 Time Of Accident: 1530hr
Place Of Accident: Holland Road Towards Holland Village.
Insurance Company: AXA Insurance

(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:-

Due to the strong impact, the ornament
which I bought inside my car, swung
forward and hit into my front windscreen.
The front windscreen cracked.

vehicle C unknown no. → SF 6398M


SIGNATURE OF VEHICLE OWNER/DRIVER
DATE: _____

Addendum Sheet

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 The Corporate Office
 Singapore 068806
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 Operating Hours: Monday to Friday 9am to 5pm

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No: MBHA 16001269 Vehicle Registration No: SKT 79453
 Name (as shown in NRIC): Chan Kai Yuan Jeremy
 ("Vehicle Driver/Vehicle Owner") ("Please delete as appropriate")
 NRIC/Passport No: S2636571C
 Address: 67 Hume Ave.
 Contact (Tel): _____ (M/P): 82330113
 (Email): _____
 Date Of Accident: 19.03.2016 Time Of Accident: 1530hr
 Place Of Accident: Holland Road Towards Holland Village
 Insurance Company: AXA Insurance

(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:-

Due to the strong impact, the ornament,
which I kept inside my car, swung
forward and hit into my front windscreen.
The front windscreen cracked

Vehicle C unknown no. → SJF 6378M


 SIGNATURE OF VEHICLE OWNER/DRIVER
 DATE: _____

ANDREW TOWING SERVICES

Co. Reg. No.: 53291347K
Blk 835, Hougang Central #10-560
Singapore 530835
HP: 9190 5796 (24Hrs Service)

INVOICE / CASH**NO: 1619**Date: 18/2/16Messer EM 1King DollyVEH No SKT79455☒ CAR☐ VAN☐ LORRY☐ TAXIFrom: HollandTo: S/m

NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility
for damage or other misdemeanor to your vehicle whilst being towed.

Total Amount: 120/-

Issued By

Customer Signature