

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.

ACCIDENT STATEMENT

Date Of Report	26/02/2016 17:31
Date Of Accident	26/02/2016 09:30
Exact Location Of Accident	PIE (BEFORE EUNOS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3926C
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Insured/Policyholder

Name Of Registered Owner	TAN YUTING STELLA
NRIC No	S8420569I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93204338
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	HYUNDAI
Model	VERNA-1.4 (A)

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? Yes

If No, Please state action to be taken

Vehicle Category	Private Car
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Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1685414
Cover Note Number	

Driver

Name of Driver	ZENG FANSHENG REYNOLD
NRIC No	S8843670I
Date Of Birth	03/11/1988
Occupation	Indoor
Date Of Driving Pass	20/08/2010
Driving Experience	5 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-98739838
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 91 BEDOK NORTH ST 4 #06-1523
Postcode	460091
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- Chain Collision
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 DRIVING ALONG PIE. VEHICLE B JAM BRAKE. I COULDN'T STOP IN TIME AND HIT INTO VEHICLE B REAR. TOTAL 3 VEHICLES WERE INVOLVED.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9301G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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	SKX4928R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
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

Sketch Plan

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X

Yi



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2



Describe Circumstances of the Accident

WAS DRIVING ALONG PIE, VEHICLE B JAM BRAKE, I COULDN'T STOP
IN TIME AND HIT INTO VEHICLE B REAR. TOTAL 3 VEHICLES WAS
INVOLVED.

~~THE 3 PASSENGERS ON VEHICLE B WERE NOT CONVEYED TO HOSPITAL
VIA AMBULANCE.~~

Declaration

We declare the foregoing particulars are true in every respect.

<p>X </p> <p>Policyholder's Signature / Date & Time</p>	<p>X </p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>_____ Witnessed by Reporting Centre Personnel</p>
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Insurance Co.	<u>AXA</u>	
Vehicle NO.	<u>50L3926C</u>	Date Of Accident <u>26, 02, 2016</u>
<input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Own Damage Claim <u>SME</u> <input type="checkbox"/> Third Party Claim		

Sketch Plan #3

Date 26/02/2016

To Owner of Vehicle Number 39L 3926C

The following has been advised to you at your workshop SME MOTOR PLEUO through them staff.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ The Estimation waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.

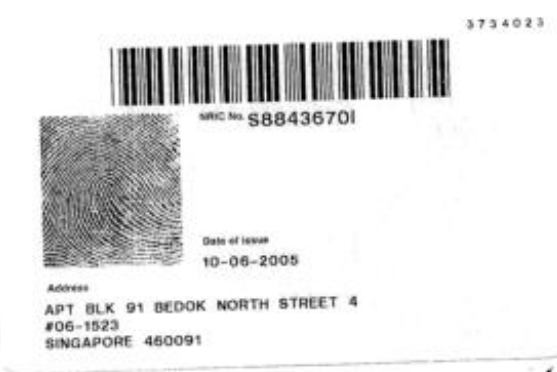
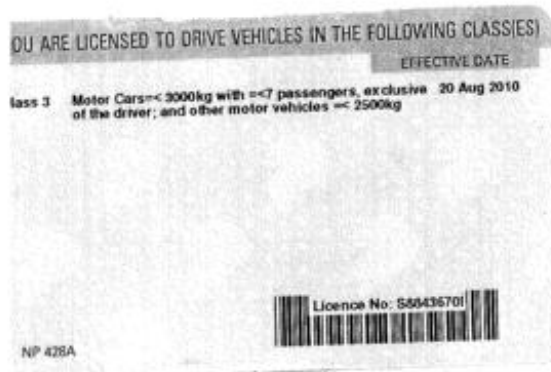
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

Signed and acknowledge by:

X YH
Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp

Sketch Plan #4



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

