

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 | 04/04/2016 16:55 |
| Date Of Accident | 03/04/2016 17:45 |
| Exact Location Of Accident | CARPARK HILCREST VILLA |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SFL2828G |
| Insured/Policyholder | |
| Name Of Registered Owner | CHOO SEE WEE |
| NRIC No | S7607597B |
| Email Address | JACKYCHOO@ME.COM |
| Mobile Phone No | (LOCAL) +65-98155389 |
| Alternative Phone No | Office-98155389 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | BMW |
| Model | 740 |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| 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 |

Insurance Company

| | |
|---------------------------|---------------------------------|
| Name of Insurance Company | AXA Insurance Singapore Pte Ltd |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | VPA/P1683985 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | CHOO SEE WEE |
| NRIC No | S7607597B |
| Date Of Birth | 20/03/1976 |
| Occupation | Indoor |
| Date Of Driving Pass | 25/05/2005 |
| Driving Experience | 10 Years And 10 Months |
| Gender | Male |
| Mobile Number | (Local) +65-98155389 |
| Fax Number | |
| Contact Number | Office-98155389 |
| EEmail Address | JACKYCHOO@ME.COM |

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Owner

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Unknown - REFER TO SKETCH PLAN & PHOTOS

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

REFER TO ATTACH.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKV9288G

Vehicle Make/Model/Colour AUDI

Details Of Properties

Name of Driver FARIS TAN

NRIC/Passport Number

Contact Number 97683111

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

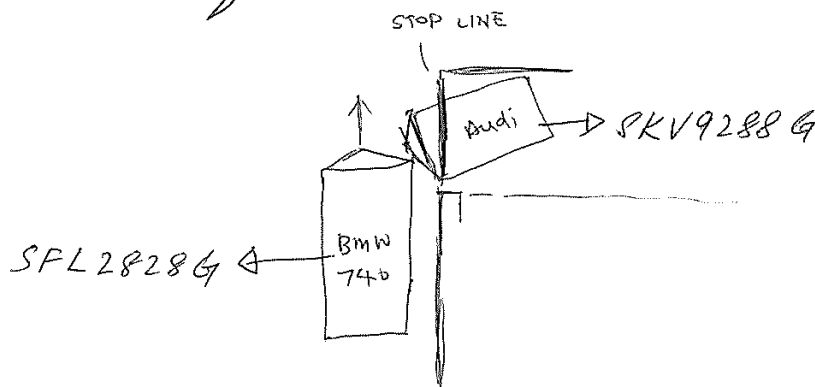
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

Seanne
Policyholder's Signature / Date &
Time 04/04/16
Sketch Plan (4.10pm)

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

Witnessed by Reporting Centre
Personnel



Sketch Plan Pg.2

Describe Circumstances of the Accident

At 5.49pm, I was driving normally and heading towards my house unit 13P. I was driving straight at that time. A car suddenly appeared from my front right direction. as I tried to brake but it was too late. The other car was supposed to give way as I have the right of way and the driver failed to stop the car at the stop line. There was also a mirror to help the other driver to see incoming traffic before making a turn.

Declaration

We declare the foregoing particulars are true in every respect.

Science

Policyholder's Signature / Date &
Time

04/04/16
(4.10pm)

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

Witnessed by Reporting Centre Personnel





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

