

MSME16089227 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 08/05/2016 17:30

## 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: 08/06/2016 17:30  
Date Of Accident: 07/06/2016 17:45  
Exact Location Of Accident: SLE TOWARDS CTE AFTER WOODLANDS AVE 12 EXIT  
Country/State of Loss: Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number: SKX3328D  
**Insured/Policyholder**  
Name Of Registered Owner: HONG GUANG YUAN  
NRIC No: S8122496Z  
Email Address: michael.honggy@gmail.com  
Mobile Phone No: (LOCAL) +65-86132484  
Alternative Phone No: Office-86132484

### Vehicle Particulars

Manufacturer: AUDI  
Model: Q5  
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  
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: GA083309/1  
Cover Note Number:

### Driver

Name of Driver: HONG GUANG YUAN  
NRIC No: S8122496Z  
Date Of Birth: 04/08/1981  
Occupation: Indoor  
Date Of Driving Pass: 06/03/2006  
Driving Experience: 10 Years And 3 Months  
Gender: Male  
Mobile Number: (Local) +65-86132484  
Fax Number:  
Contact Number: Office-86132484  
Email Address: michael.honggy@gmail.com

Address BLK 222 ANG MO KIO AVE 1 #03-711  
 Postcode 560222  
 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 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? Yes  
 Was any other material or property damaged? Yes  
 Was there any video captured by Car Camera? No  
 Number of Passengers (Including Driver) 2

**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 SLE TOWARDS CTE ON THE EXTREME RIGHT LANE OF A 3 LANES ROAD EXPRESSWAY. SOMEWHERE AFTER WOODLANDS AVE 12 EXIT, VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED DUE TO THE HEAVY TRAFFIC FLOW. AS SUCH, I ALSO APPLIED BRAKE AND MANAGED TO STOP COMPLETELY BEHIND OF VEHICLE C. AFTER A FEW SECONDS, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. DUE TO THE STRONG IMPACT, MY VEHICLE PUSH FORWARD AND HIT ONTO REAR PORTION OF VEHICLE C. AFTER THE ACCIDENT, I ALIGHTED AND REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGH7216Z  
 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 SHC1428H  
 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

**DETAILS OF INJURED PERSON 1**

Name HONG GUANG YUAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKX3328D  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name KWAN KELLY  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKX3328D  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode



## Sketch Plan Pg.1

SKETCH PLANIMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SLE TOWARD CTE AFTER WOODLANDS AVE 12 EXIT.



A-SKX 3328 D  
 B-SGH 7216 E  
 C-SHC 1428 H

N91

## Sketch Plan #2 Pg.1

## Describe Circumstances of the Accident

I WAS TRAVELLING ALONG SLE TOWARD ETE ON THE EXTREME RIGHT LANE OF A 3 LANE ROAD, EXPRESSWAY. SOMEWHERE AFTER WOODLANDS AVE 12 EXIT VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED DUE TO THE HEAVY TRAFFIC FLOW. AS SUCH, I ALSO APPLIED BRAKE AND MANAGE TO STOPPED COMPLETELY BEHIND OF VEHICLE (C). AFTER A FEW SECONDS, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. DUE TO THE SUDDEN IMPACT, MY VEHICLE PUSH FORWARD HIT THE REAR PORTION OF VEHICLE (C). AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLE.

A - SKX 3328 D

B - SGT 7216 Z

C - SHE 1428 H

## 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



## Sketch Plan #3 Pg.1

LETTER OF UNDERTAKING

I/We, HONG GUANG YUAN, the owner of vehicle no. SKX 33280

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, NSI AUTOMOTIVE PTE. LTD

Signed and Acknowledge by:

S8124962



Nric no. and signature of policyholder

Company Stamp

Date

08/06/2016