

MSME16129483 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 14/10/2016 17:06

## 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	14/10/2016 17:06
Date Of Accident	14/10/2016 08:45
Exact Location Of Accident	PIE TWDS JURONG AFTER PAYA LEBAR EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV8510X
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#### Insured/Policyholder

Name Of Registered Owner	PECK SHU HAN PAXION
NRIC No	S8007109D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96519995
Alternative Phone No	Office-96519995

#### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER

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	GA127716/1
Cover Note Number	

#### Driver

Name of Driver	PECK SHU HAN PAXION
NRIC No	S8007109D
Date Of Birth	08/03/1980
Occupation	Indoor
Date Of Driving Pass	27/03/2002
Driving Experience	14 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-96519995
Fax Number	
Contact Number	Office-96519995
EEmail Address	NOEMAIL

Address BLK 172B EDGEDALE PLAINS #09-486  
 Postcode 822172  
 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- 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  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. 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**

ON 14/10/2016 AT 0845HRS, I WAS TRAVELLING IN MY VEHICLE (SKV8510X) ALONG PIE TOWARDS JURONG AFTER PAYA LEBAR EXIT ON THE EXTREME RIGHT LANE. A POLICE VEHICLE IN FRONT OF ME SLOW DOWN AND I APPLIED BRAKE TO SLOW DOWN TOO. SUDDENLY, A VEHICLE (SGT5845H) FROM BEHIND COLLIDED ONTO THE REAR OF MY VEHICLE.

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGT5845H  
 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

## Sketch Plan Pg.1

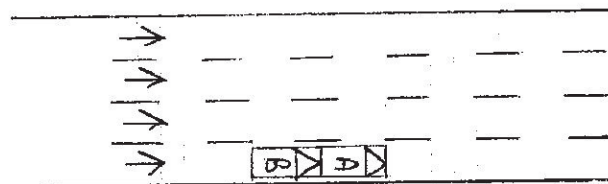
**SKETCH PLAN****IMPORTANT NOTICE**

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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**

P12 towards Jurong  
after Ayer Lebar Exit.

(A) 8KV 8510X  
(B) 8GT 5845H

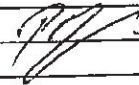


N51

## Sketch Plan #2 Pg.1

## Describe Circumstances of the Accident

On 14/10/16 at @0845 hrs, I was travelling in my vehicle (SKV 8510X) along PE towards Jurong after Ayer Lebar exit on the extreme right lane. A police vehicle in front of me slow down and I applied on my brake to slow down too. Suddenly, a vehicle (SGT/5845H) from behind collided onto the rear portion of my vehicle.



## 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, PECK SHU HAN DAXTON, the owner of vehicle no. 3KV 8510X

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, N-SI AUTOMOTIVE  
PTE LTD

Signed and Acknowledge by:

S8007109D [Signature]  
Nric no. and signature of policyholder

[Stamp]  
Company Stamp

14/10/16  
Date