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 witholding 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	30/11/2017 16:49
Date Of Accident	30/11/2017 15:25
Exact Location Of Accident	AMK AVE 1 TWDS BOUNDARY RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKN9040X
Insured/Policyholder	
Name Of Registered Owner	CHOH THIAN JENG
NRIC No	S1756845J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96902152
Alternative Phone No	OFFICE-96902152
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT B7 1.8 TSI (DSG7)+WXF
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1598221
Cover Note Number	
Driver	
Name of Driver	CHOH THIAN JENG
NRIC No	S1756845J
Date Of Birth	18/09/1966
Occupation	INDOOR
Date Of Driving Pass	30/05/1989
Driving Experience	28 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96902152
Fax Number	
Contact Number	OFFICE-96902152
EMail Address	NOEMAIL

Address	BLK 101 AH HOOD ROAD #15-04
Postcode	320101
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
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: 51 SERANGOON GARDEN WAY , **POSTCODE:** 555947 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2879999 - **FAX NO**: 62815969
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE872P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SOH CHIANG TENG
NRIC/Passport Number	S1171760H
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

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7. By the lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

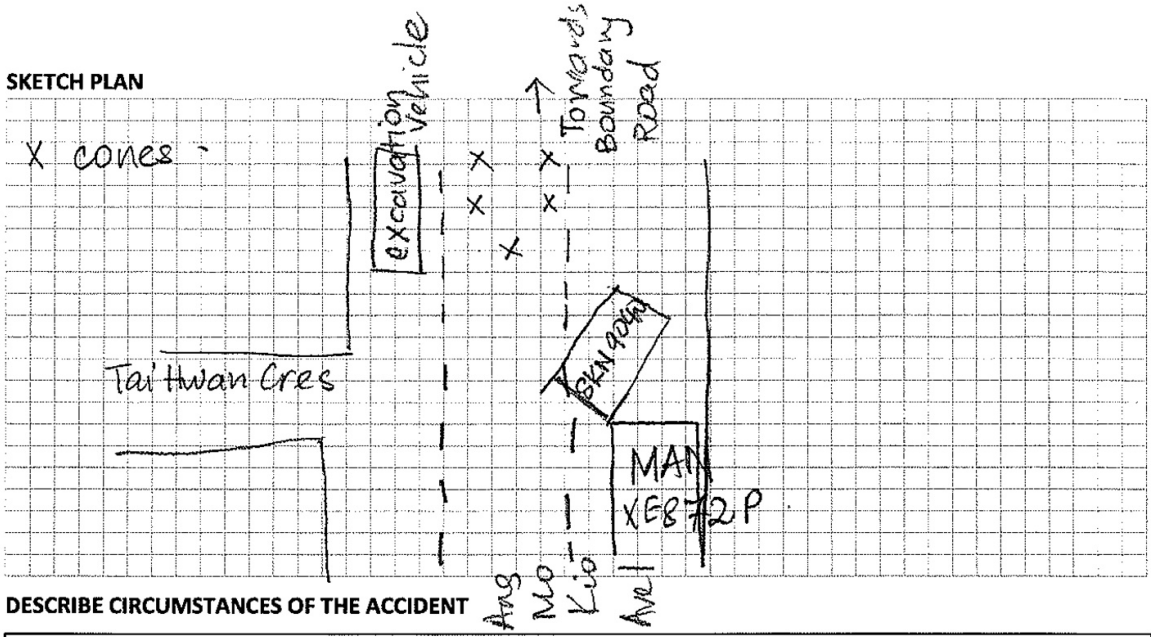
VOLKSWAGEN GROUP SINGAPORE
81030002

30/11/17

Policyholder's Signature Date & Time: 30/11/17 5.15pm.	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 3.20pm on 30 Nov 2017, I was travelling along Ang Mo Kio Ave 1 in the direction of Boundary Road in vehicle SKN 9040X. There was road works in the middle of the 3-lane road. I indicated ~~to~~ to filter to the right lane, as per the car before mine before checking a clear to filter. The weather was clear and I was able to see that I was able to filter to the right lane before doing so.

The Maintenance Contractor MAN truck, XE 872 P, driven by Soh Chiang Teng S1171760H collided into ~~my~~ ~~right~~ back right side of ~~the~~ my vehicle.

There being no lane available, the only way was a safe filter to the right most lane.

There was no guidance along the 2 closed lanes. Both vehicles were travelling under 30 km/h. XE 872 P inched into ~~rear~~ SKN 9040X until SKN 9040X could not move.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

VOLKSWAGEN GROUP SINGAPORE

30/11/17.

Policyholder's Signature
Date & Time:
30/11/17
5.15 pm.

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Choh Thian Jeng Celia, BLK101 Ah Hood Road #15-04 HP: 96902152,

NRIC/~~FIN~~ S1756845J, has reported to the Police a non-injury traffic accident

which occurred at Along Ang Mo Kio Ave 1 towards Boundary road direction near to Mei Hwan Drive

on 30/11/2017 at 1525hrs ~~am~~/pm involving the following vehicles:

1) SKN9040X
2) XE872P

2 If this accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T140202 Lim Hao Jie

Date: 30/11/2017 Time: 1618hrs

S/D Ref: 29

Police Post/Unit: Serangoon Garden NPP

SERANGOON GARDENS NPS
No 51 Serangoon Way
Singapore 555947
Tel No: 1800 287 0000
Fax: 6281 5969

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

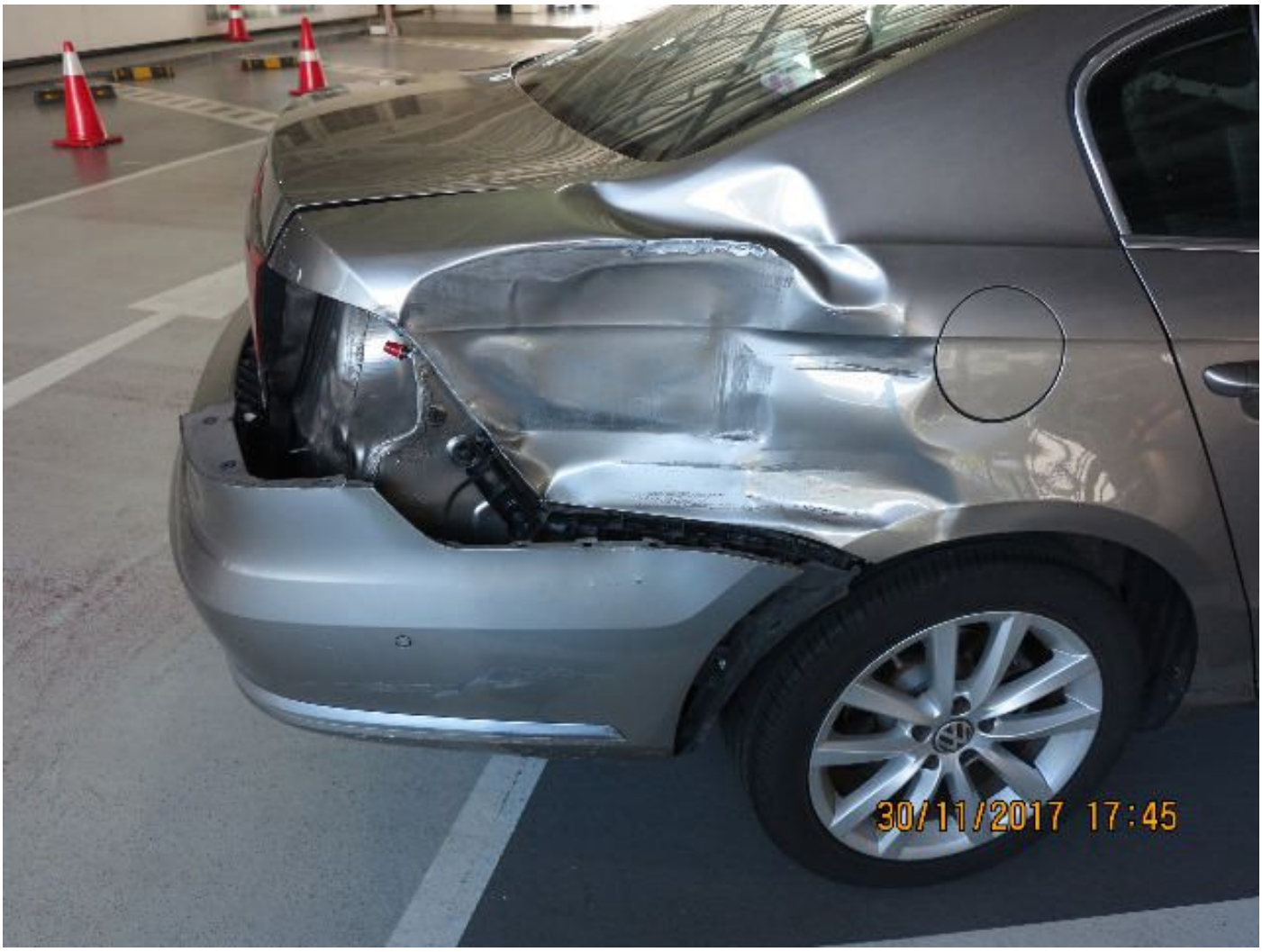
CONFIDENTIAL

Version as of 15 Jan 2002

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo