

## 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	04/12/2017 16:57
Date Of Accident	02/12/2017 16:45
Exact Location Of Accident	ALONG WOODLANDS AVE 12 JUNCTION @ WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8369J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHH CONSTRUCTION SYSTEM PTE LTD
Co Reg No	199101772R
Email Address	HANAFEE@CHHSYS.COM
Mobile Phone No	(LOCAL) +65-90091461
Alternative Phone No	OFFICE-90091461

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA169160/1
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HANAFEE BIN MOHD KHAIRI
NRIC No	S9017983G
Date Of Birth	31/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90091461
Fax Number	(LOCAL) +65-90091461
Contact Number	
Email Address	HANAFEE@CHHSYS.COM

Address	BLK 816A KEAT HONG LINK #04-59
Postcode	681816
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STAFF
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)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 4 SEMPAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to the sketch plan and police report

#### 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	GBB7769K
Vehicle Make/Model/Colour	
Details Of Properties	
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

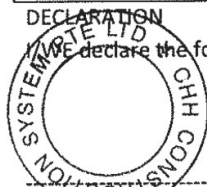
		A - GBE 836AT	
		B - GBB 7761K	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

<b>Important:</b> You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
	✓	- Claim OD
		- Claim TP
		- Claim OD/ TP at other workshop

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



Policyholder's signature  
 Date & Time

Driver's Signature  
 (if driver not the policyholder)  
 Date & Time 4/12/17, 5:07pm

Reporting Centre Personnel's Signature  
 Name:  
 Nric/Fin No.

**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.
- (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.



Police Officer's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4/12/17, 5:07pm

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