

## 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 17:11
Date Of Accident	03/12/2017 13:40
Exact Location Of Accident	ANG MO KIO AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV701P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW HUEY CHIN
NRIC No	S1240611H
Email Address	UMC_2004@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90036124
Alternative Phone No	OTHERS-65639955

### Vehicle Particulars

Manufacturer	MINI
Model	MINI ONE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA059181/1
Cover Note Number	

### Driver

Name of Driver	HUI CHI HONG, TERRENCE
NRIC No	S8939305A
Date Of Birth	31/10/1989
Occupation	INDOOR
Date Of Driving Pass	27/03/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90110277
Fax Number	
Contact Number	OTHERS-62896226
Email Address	TERRENCEHUI123@GMAIL.COM

Address	22 CHILTERN DRIVE
Postcode	359741
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN & STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO NOT AVAILABLE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS6377G
Vehicle Make/Model/Colour	SUBARU FORESTERXT
Details Of Properties	
Name of Driver	CHEN WEI XIONG
NRIC/Passport Number	S7340911Z
Contact Number	96949290
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DENTED ON THE LEFT SIDE
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.
- (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.

Policyholder's Signature  
Date & Time:

4/12/2017  
14 35pm

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

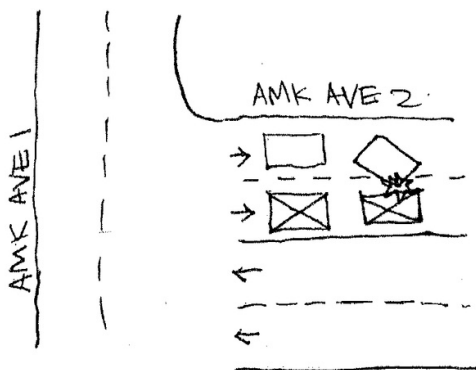
4/12/17  
1435pm.

Reporting Centre Personnel's Signature

Name: MIIPS SIREAN CANDIDA

NRIC/FIN No.: 573162711

SKETCH PLAN



LEGEND

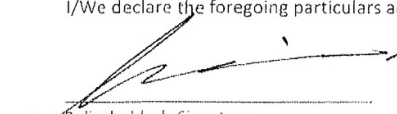
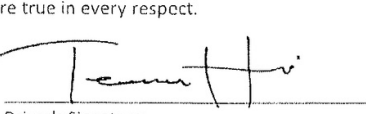
- ☐ my vehicle SKV701P
- ☒ SLS6377G

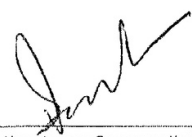
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 13:40PM, 3 DEC 2017, on Ang Mo Kio Ave 2, I was on the left most lane. while filtering to the right lane, I collided with vehicle SLS6377G on my right front aspect of my vehicle, SKV701P. We then filtered to the left most lane & stopped our vehicles. There was no injury & we exchanged personal info & contact.

DECLARATION

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

✓   
 Policyholder's Signature  
 Date & Time: 4/12/2017 1430p.m.  
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 4/12/17 1430pm.

  
 Reporting Centre Personnel's Signature  
 Name: PHILIP SARAN CHAND IDA  
 NRIC/IRN No.: S7316271H.

Accident Photo



Accident Photo



Accident Photo



Accident Photo

