SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process,
 This Form must be <u>completed</u> 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.

Assence I Laborate Hall	ACCIDENT STATEMENT
Date Of Report	11/12/2017 15:14
Date Of Accident	10/12/2017 13:25
Exact Location Of Accident	SLIP ROAD INTO TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFS6666T
Insured/Policyholder	
Name Of Registered Owner	POH MIN YUAN
NRIC No	S9507964D
Email Address	MIN_YUAN95@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97500333
Alternative Phone No	OFFICE-97500333
Vehicle Particulars	
Manufacturer	BMW
Model	540IA
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1964022
Cover Note Number	
Driver	
Name of Driver	POH SOON ONG
NRIC No	S1553923B
Date Of Birth	29/03/1962
Occupation	INDOOR
Date Of Driving Pass	19/02/1980
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97500333
Fax Number	\$\$\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}{2} \fra
Contact Number	OFFICE-96903481
EMail Address	DADIPOH@GMAIL.COM

Address

66 JALAN GUMILANG

Postcode

668905

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

PARENT

Vehicle Registration Number of Driver's Own

Vehicle

SLK66K

Insurance Company of Driver's Own Vehicle

AXA INSURANCE PTE LTD

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)

NO

soliciting/offering accident claims assistance. 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 ATTACH.

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

SH8780L

Vehicle Make/Model/Colour

HYUNDAI 140 BLUE

Details Of Properties

NRIC/Passport Number

Name of Driver

LOK HENG HUAT

S1711208B

Contact Number

Address

BLK 707 WOODLANDS DR 40

Postcode

730707

Insurance Company Name

FIRST CAPITAL INSURANCE LTD

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

3

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report gorrectly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The report will be forwarded by 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 1.
- (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

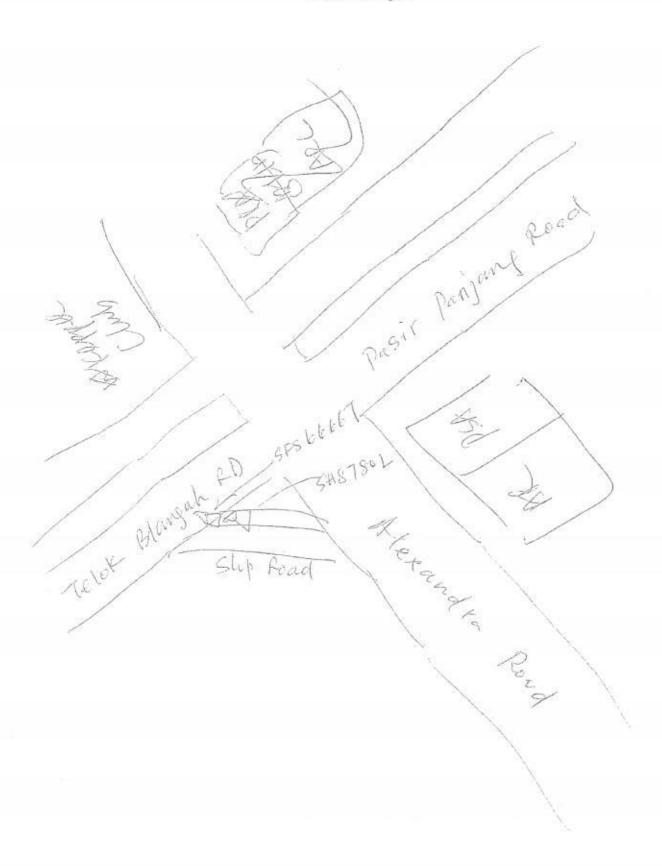
Oriver's Signature (It driver is not the policyholder) / Date

Witnessed by Re

Sketch Plan

See Attached

Sketch Plan Pg. 2



Sketch Plan Pg. 3

	e Circumstances of the Accident
1	on 10th December 2017 at about 1324 Ins as I was
- 6	driving SFS 6666 T, about to turn into Telok
	arriving SPS 6060 1, about to tark with the
	Blangah Road from Alexandra Road.
	Taxi No SH 8780L driven by Mr Lok Here Huat,
	holding, NRIC No. S 1711208D, failed to stow down
	Taxi No SH 8780L driven by the Lok Hene Huat, holding NRIC No. S 1711208B failed to slow down and hit into my rear Causing the front driver a
	Dassprier system to be activated and my vehicle
	and it all day over to the court boot chier
	rear bumper and other associated parts.
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deci	lare the foregoing particulars are true in every respect.
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