

## 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	21/12/2017 09:12
Date Of Accident	18/12/2017 13:00
Exact Location Of Accident	ALONG SCOTTS ROAD/ORCHARD ROAD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ3149E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA HING EE VALERIE
NRIC No	S7828816G
Email Address	VALCHIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93801089
Alternative Phone No	OFFICE-93801089

### Vehicle Particulars

Manufacturer	AUDI
Model	A5-2.0 TFSI QUATTRO (A)
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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	KOH KOK LIANG (XU GUOLIANG)
NRIC No	S7913130Z
Date Of Birth	01/05/1979
Occupation	INDOOR
Date Of Driving Pass	24/07/2002
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94388669
Fax Number	
Contact Number	
EEmail Address	TACHYON79@GMAIL.COM

Address	376 THOMSON ROAD #09-08 S(298130)
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT FILE

#### 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 Witness 1

Name	EMILY
Phone Number	90120791
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS3465S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KOH KOK LIANG (XU GUOLIANG)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJZ3149E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**Describe Circumstances of the Accident**

Date: 18/12/17

Time: 1300HR

Place: Scotts Road / Orchard Road junction

I was driving SJZ3149E along Scotts road and came to a stop at Scotts road and Orchard road junction. After stopping at the junction I was hit in the rear by SKS 3465S.

3rd party vehicle: SKS 3465S

Name: ~~Thao~~ Jay Thins

U/C No: S1683873E

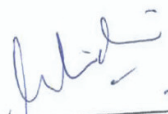
Tel: 96656974

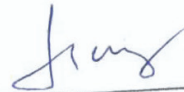
Witness: Emily

Tel: ~~9665~~ 90120791

**Declaration**

We declare the foregoing particulars are true in every respect:

  
Policyholder's Signature / Date & Time

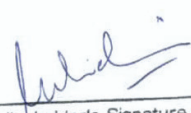
  
Driver's Signature (If driver is not the policyholder) / Date & Time

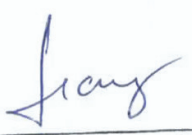
  
Witnessed by Reporting Centre Personnel

**SKETCH PLAN**

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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 insurers 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**

Along Scotts Road.

