

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 liability.
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 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	28/01/2019 16:04
Date Of Accident	29/12/2017 14:00
Exact Location Of Accident	JUNC OF DRACOTT DRIVE & STEVENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE3163L
Insured/Policyholder	
Name Of Registered Owner	COSNY FREDERIC GERARD PIERRE
Passport No/FIN	F2452840P
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90229362
Alternative Phone No	OTHERS-90229362

Vehicle Particulars

Manufacturer	AUDI
Model	A3 1.8T CABRIOLET FSI AT ABS D/AB TC HID
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA018509/1
Cover Note Number	

Driver

Name of Driver	ANGELINE NGUAN SUE LYN
NRIC No	S7416472B
Date Of Birth	24/05/1974
Occupation	INDOOR
Date Of Driving Pass	21/07/2001
Driving Experience	16 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90094428
Fax Number	
Contact Number	
EEmail Address	ANGELINENGUAN@GMAIL.COM

Address	45 BIN TONG PARK
Postcode	269825
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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
Passenger 1	NAME: : COSNY FREDERIC GERARD PIERRE GENDER: : MALE

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. NO PICTURE TAKEN AFTER ACCIDENT. VEHICLE IS INVOLVED IN ANOTHER ACCIDENT RECENTLY AT THE SAME AREA THEREFORE UNABLE TO PROVIDE MORE PICTURE FOR THIS 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	SLP2858C
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)

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:

28/01/19 4pm

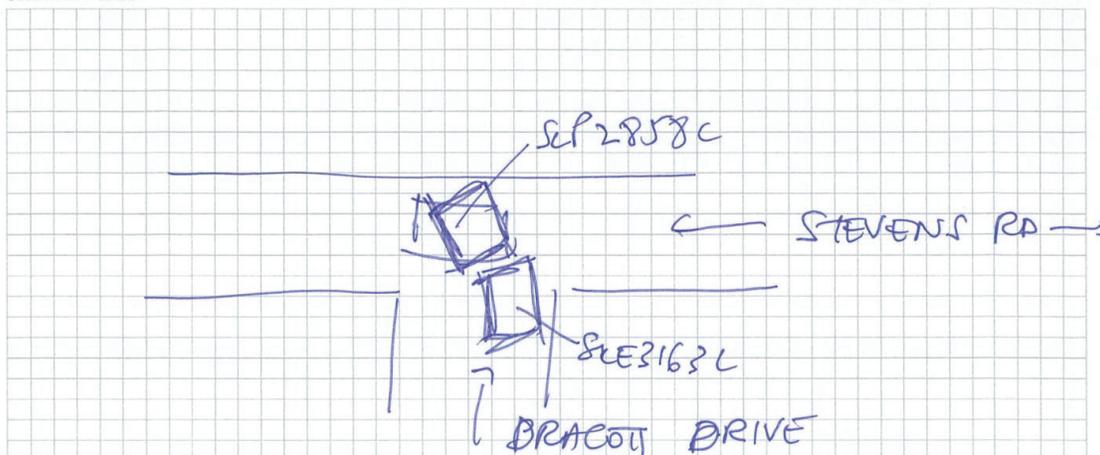
Driver's Signature
(If driver is not the policyholder)
Date & Time:

28/01/19 4pm

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLE 3163L	ACCIDENT DATE & TIME: 29/12/17 2PM
CONTACT NUMBER:	E-MAIL ADDRESS:
LOCATION: AT JUNCTION OF DRACOTT DRIVE AND STEVENS ROAD THE TRAFFIC LIGHT TURNED GREEN. ALL CARS PROCEEDED AND THE CAR SLP 2858C STOPPED WITHOUT WARNING IN MIDDLE OF INTERSECTION CAUSING CAR SLE 3163L TO BUMP LIGHTLY WITH BACK OF CAR	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

DECLARATION

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

Policyholder's Signature
 Date & Time: 28/01/19
 CIARMC Sketch Plan Form

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 29/12/2017 4pm
 28/01/19

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

Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7416472B**
 Name: **ANGELINE NGUAN SUE LYN (ANGELINE RUAN SULING)**
 Birth Date: **24 May 1974**
 Issue Date: **04 Sep 2006**

001441653D



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7416472B**

Name: **ANGELINE NGUAN SUE LYN (ANGELINE RUAN SULING)**
 阮素玲
 Race: **CHINESE**
 Date of birth: **24-05-1974** Sex: **F**
 Country of birth: **SINGAPORE**




EMPLOYMENT PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer: **QUADMARK PTE. LTD.**

Name: **COSNY FREDERIC GERARD PIERRE**
 FIN: **F2452840P**

45 BIN LUNG PARK
 SINGAPORE 269825

360103




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	21 Jul 2001

NP 428A

Licence No: S7416472B



360103

NRIC No: **S7416472B**

Date of issue: **17-08-2004**

45 BIN LUNG PARK
 SINGAPORE 269825

NRIC No: **S7416472B** Date: **03/02/2018**




VISIT PASS
 Immigration Regulations

Name: **COSNY FREDERIC GERARD PIERRE**

FIN: **F2452840P**
 Date of Birth: **29-06-1971** Sex: **M**
 Nationality: **FRENCH**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status





Accident Photo

