

MSME18007078 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 15/01/2018 12:38  
 SUBMITTED BY: Chia Pei Ying

## 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	15/01/2018 12:38
Date Of Accident	15/01/2018 06:40
Exact Location Of Accident	AIRPORT BLVD
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM1053S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IMPERIAL CHAUFFEUR SERVICES PTE LTD
Co Reg No	201013851C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67340428
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	E200
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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1427879
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHAN KOK SOON
NRIC No	S1346594J
Date Of Birth	15/11/1959
Occupation	INDOOR
Date Of Driving Pass	16/10/1979
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96840613
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 97 YISHUN AVE 1 #13-32  
 Postcode 769138  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 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 RAINING  
 Road Surface WET

**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? NO  
 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? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

I WAS TRAVELLING STRAIGHT ALONG AIRPORT BLVD ON THE THIRD LANE FROM THE EXTREME RIGHT LANE. SUDDENLY, VEHICLE AHEAD OF ME STOPPED, I FOLLOWED SUIT AND MANAGED TO STOP IN TIME. THEN, I FELT AN IMPACT. VEHICLE B HIT ON THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE ACCIDENT, DRIVER B TOLD ME TO CLAIM AGAINST HIS INSURANCE.

**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 SHD6939L  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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)

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.



*Philip Law*

Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2 Pg. 1

## SKETCH PLAN

Airport Blvd Before PIE (Turns) TPE (CLE) Exit A: SKM10536 B: S11069371		
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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling straight along Airport Blvd on the 3rd lane from the extreme right lane.

Suddenly, vehicle A stopped. I honked and managed to stop in time. Then, I felt an impact. Vehicle B hit on the rear portion of my vehicle and caused damage.

After the accident, driver B told me to claim against his insurance.

## DECLARATION

I/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:



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

## Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, Imperial Chauffeur Services Pte Ltd, the owner of vehicle no. SFMI0535  
involving in an accident with vehicle no. (TP) SHD6139L on 15/01/2018 along Airport Blvd

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop,  
NSN Hock Teck Motor Pte Ltd.

Signed and Acknowledge by:

Pump Gao  
Name and signature of policyholder



Company Stamp

15/01/2018  
Date

## SKETCH PLAN

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  - (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
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  - (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:

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

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

# SKETCH PLAN

Airport Blvd  
 before PIE (Twas)  
 TPE (SLE) Exit  
 A: SKM10535  
 B: SHD6937L

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 Date & Time:

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

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