## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wliful 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 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 .	18/01/2018 13:08
Date Of Accident	18/01/2018 09:15
Exact Location Of Accident	JUNCTION OF JURONG EAST AVE 1 & JURONG EAST ST 24
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH6Q16E
Insured/Policyholder	
Name Of Registered Owner	NG YEW CHEONG
NRIC No	S1421917Z

Email Address NYCHEONG45@YAHOO.COM.SG

Mobile Phone No (LOCAL) +65-90400970

Alternative Phone No OTHERS-90400970

Vehicle Particulars

ManufacturerMERCEDES-BENZModel\$300L-3.0 (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 GA052162

Cover Note Number

Driver \*\*

Name of Driver NG YEW CHEONG

 NRIC No
 \$1421917Z

 Date Of Birth
 10/07/1960

 Occupation
 INDOOR

 Date Of Driving Pass
 03/04/1978

Driving Experience 39 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90400970

Fax Number

Contact Number OTHERS-90400970

EMail Address NYCHEONG45@YAHOO.COM.SG

Address

BLK 287D JURONG EAST STREET 21 #04-314

**SINGAPORE** 

Postcode

604287

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

**COLLISION - CROSS JUNCTION** 

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

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)

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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?

YES.

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHA3772K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

**V MATHIALAGAN** 

NRIC/Passport Number

S1673259A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

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- 7. By the lodgment of this report to the insurers, you hereby consent to the architers of this report at the centre and to copies of the report being made weithible alors said.
- 8. Content under the Personal Data Projection Act (PDPA)

I understand, ecknowledge, 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 it 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 to this accident (all insurer(s) who have insured vehicle(s) involved to this accident (all insurer(s) who have insured vehicle(s) involved to this accident (all insurer(s) who have insured vehicle(s) involved to this accident (all insurer(s) who have insured vehicle(s) involved to this accident shall be collectively referred to at the "insurers"), the insurers involved in this accident shall be collectively referred to at the "insurers", the insurers involved in this accident shall be collectively referred to at the "insurers", the insurers' involved in this accident shall be collectively referred to at the "insurers", the insurers' involved in this accident shall be collectively referred to at the "insurers", the insurers' involved in this accident shall be collectively referred to at the "insurers".
  - processing, heading and/or dealing with my deline including the settlement of the claims and any necessary investigations relating to the claims;
  - (II) investigating the eccident and/or my claims:
  - (III) carrying out and/or dealing with my instructions or responding to any angulates by may
  - (bv) administering my claims (including the mailing of correspondence, statements, invokes, reports or notices to me, which could invoke disclosure of certain parametrizes 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, bandling and/or dealing with my cleans (collectively the "Purposes")
- (b) all insurants) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose sad/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 end/or SIA to their third party service providers or agents(including their inverse/sw firms), which may be shed cutoide of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims blatcry for the purpose of fraud detection, investigation and management in present and all future claims.
- (a) the information so collected under (d) above may be shared / dischared:
  - (I) to all insurers and/or any other third parties that assist in availability, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(iii) for complying with requirements under any regulations, laws or court orders.

Policyhpider's Date & Tleast

Orbrer's Signature (If driver is not the policyholdur)

Date & Times

Reporting Contra Parsonnel's Signature Marqu:

MAIC/PINI NO.:

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KETCH PLAN
DESCRIBE CIRCUMS ANCES OF THE ACCIDENT
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DECLARATION/
DECLARATION/  I/We declare the foregoing personlars are true in every respect.  I/We declare the foregoing personlars are true in every respect, of cause whereby the claim against own policy must be made within the claim against own policy for more details.  If you have a commence the date of occurrence, kindly check your policy for more details.
Policyholder's Signature  Oriver's Signature  Oriver's Signature  Harder's Signature
Date & time: NRICHINGE: DET IN
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1811/18 1:16pm