

## 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 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	19/01/2018 16:01
Date Of Accident	19/01/2018 10:30
Exact Location Of Accident	CROSS JUNCTION FROM EUNOS AVE 5 INTO EUNOS RD 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2185U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FAIRNITY BEAUTY CONCEPT LLP
Co Reg No	T11LL1676G
Email Address	FAIRNITYBEAUTY@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92219779

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (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	GA304615/1
Cover Note Number	

### Driver

Name of Driver	SOW YEE SENG
NRIC No	S7284519F
Date Of Birth	21/06/1977
Occupation	INDOOR
Date Of Driving Pass	15/07/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92219779
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 269B QUEEN STREET #03-272 SINGAPORE
Postcode	182269
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	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?	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)	2
Passenger 1	NAME: : CATHERINE LIM SIOK ENG GENDER: : FEMALE

#### 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 WE - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1848P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YAP HOCK LIONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

### 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/are 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.

FAIRNITY BEAUTY CONCEPT LLP  
198 MIDDLE ROAD, #02-22  
SINGAPORE 488979  
TELEPHONE: +65 6336 6373

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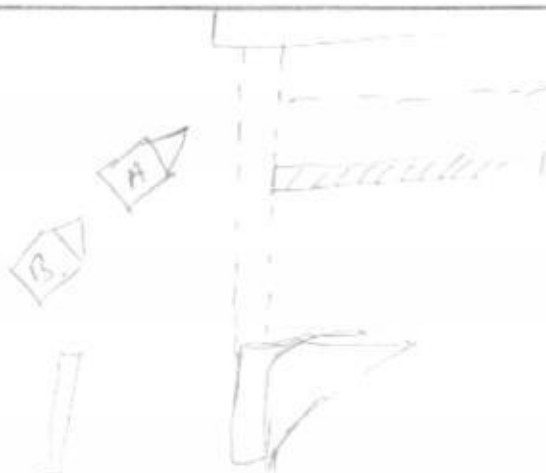
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd  
Blk 3022A Ubi Road 1 #01-45/46  
Singapore 408716

#### Sketch Plan



#### Number Plate

A - SKZ 2185U

B - SHA1848P

#### Legend



Vehicle



Bike

# Sketch Plan #2

## Describe Circumstances of the Accident

Date of Accident:	19/1/18.
Time of Accident:	10.30 am.
<p>AROUND 10.30am ON 19/1/18 I WAS DRIVING MY CAR SKZ2184 TURNING INTO EUNAS RD &amp; FROM EUNAS AVE S WHEN I ALMOST STOP FOR PEDESTRIAN CROSSING, A TAXI BEHIND, SHA 1848 P KNOCK INTO THE REAR AREA OF MY CAR</p>	
<p>PASSENGER CATHERINE LIM SICK ENG FEMALE</p>	

## Declaration

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

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

<p>19/1/2018 03.30pm</p> <p><i>[Signature]</i></p> <p>Policyholder's Signature &amp; Date FAIRNITY BEAUTY CONCEPT LLP 190 MIDDLE ROAD, #02-22 SINGAPORE 188979 TELEPHONE: +65 6336 6373</p>	<p>19/1/2018 03.30pm</p> <p><i>[Signature]</i></p> <p>Driver's Signature (If driver is policyholder) &amp; Date FAIRNITY BEAUTY CONCEPT LLP 190 MIDDLE ROAD, #02-22 SINGAPORE 188979 TELEPHONE: +65 6336 6373</p>
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*[Signature]*  
 Witnessed by Reporting Centre Personnel  
 Progressive Automotive Pte Ltd  
 Blk 3022A Ubi Road 1 #01-45/46  
 Singapore 408716