

## 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	03/02/2018 14:59
Date Of Accident	02/02/2018 18:00
Exact Location Of Accident	SLIP ROAD ALONG ANG MO KIO 1 AFTER EXITING CTE.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL247A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MIKI HAY XIAOWEN
NRIC No	S8241273E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90056788
Alternative Phone No	OFFICE-90056788

### Vehicle Particulars

Manufacturer	HONDA
Model	CROSSROAD
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100025771
Cover Note Number	COVER NOTE

### Driver

Name of Driver	LIAU JEAK WEI KELVIN
NRIC No	S7927981A
Date Of Birth	19/09/1979
Occupation	INDOOR
Date Of Driving Pass	20/08/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90483247
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 2C GEYLANG SERAI #19-27
Postcode	405002
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	CHAIN COLLISION
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?	
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)	4

#### 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 ALONG THE ABOVE MENTIONED DATE AND LOCATION. THE TRAFFIC WAS SLOW MOVING. THE VEHICLE IN FRONT OF ME CAME TO A HALT, I FOLLOWED SUIT. THE IMPACT WAS SO GREAT THAT IT PUSHED MY VEHICLE TOWARDS AND KNOCK VEHICLE B.

#### 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	SDN80Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	JUNE HWANG
NRIC/Passport Number	
Contact Number	96222560
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJW8378T
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Vehicle Make/Model/Colour	
Details Of Properties	VEH C
Vehicle Category	PRIVATE CAR
Name of Driver	CHOK SING WEI ANDREW
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan 1 Pg. 1

## SKETCH PLAN

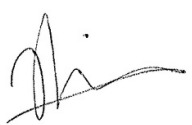
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.

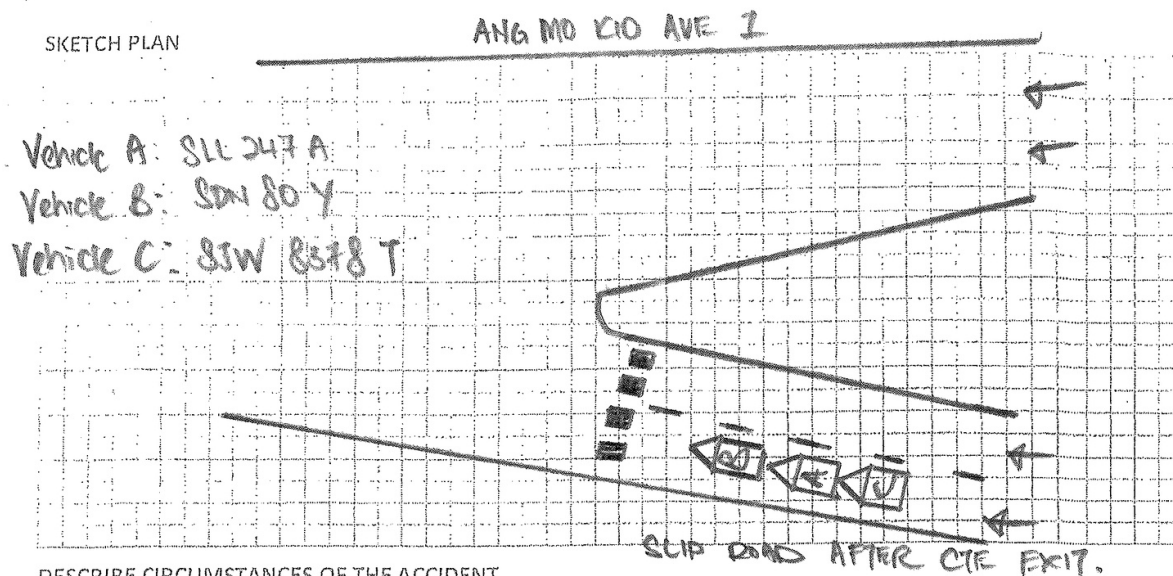
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 3/2/18, 12.42pm

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

Gspeed auto

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the above mentioned date & location. The traffic was slow moving. The vehicle in front of me came to a halt, I followed suit. Moments later, Vehicle C rear ended my vehicle. The impact was so great that it pushes my vehicle forward to knock vehicle B.

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: 3/2/18, 12:42pm

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

6 speed auto

LETTER OF UNDERTAKING

I/We, Miki Hay Xiaowen, the owner of vehicle no. SL 247A

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, G Speed Auto-works

Signed and Acknowledge by:

.....  
Nric no. and signature of policyholder

.....  
Company Stamp

.....  
Date

# Identification Card



Identification Card

REPUBLIC OF SINGAPORE			
IDENTITY CARD NO. S8241273E			
		Name	
MIKI HAY XIAOWEN			
		Race	
夏 晓 玲			
CHINESE			
Date of birth:		Sex	
23-12-1982		F	
Country/Place of birth:		S8241273E	
SINGAPORE			
		5175475	
Barcode			
S8241273E			
Date of issue:			
28-05-2013			
Address:			
APT BLK 2C GEYLANG SERAI			
#19-27			
SINGAPORE 405002			



ORIGINAL

Co. Reg. No. 2010090206  
Hotline: (50) 6419-2000 Fax: (50) 6415-3000

Contract No: 5100025771

The following are included in the schedule below to provide general information for the policy and conditions of the policy issued in the jurisdiction. The policy is issued in accordance with the provisions of the Motor Vehicle Insurance Law and Regulations and the Motor Vehicle Insurance Law and Regulations.

Schedule (Coverage) which is applicable:

Age Contingent	Policy Period	Registration Number	Motor Vehicle	Year of Registration	Year of Insurance	Year of Insurance
1. All Age	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
2. 20 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
3. 25 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
4. 30 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
5. 35 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
6. 40 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
7. 45 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
8. 50 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
9. 55 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
10. 60 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
11. 65 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
12. 70 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
13. 75 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
14. 80 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
15. 85 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
16. 90 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
17. 95 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011
18. 100 Years Old and Above	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011

The following are included in the schedule below to provide general information for the policy and conditions of the policy issued in the jurisdiction. The policy is issued in accordance with the provisions of the Motor Vehicle Insurance Law and Regulations and the Motor Vehicle Insurance Law and Regulations.

Issued in Singapore

Contract No.

Date of Issuance

Authorized Representative

Agent Code

Printed Name, Head of Agent



Insurance Link for Life  
AIC Agent No. 501255

Signature of Agent

22/1/2010  
511247 A

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MSNIE180170X Vehicle Registration No : SL247A  
Name(as shown in NRIC): MIFU TEAY  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact (Tel) : \_\_\_\_\_ (H/P) : \_\_\_\_\_  
(Email) : \_\_\_\_\_  
Date of Accident : 02/02/2018 Time of Accident : 1800  
Place of Accident : slip rd Along Ang Mo Kio Ave 1 after exiting pre  
Insurance Company : Au

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To re-upload sketch plan

Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm