SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful 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

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	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
Insured/Policyholder	
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 time of accident	at
Are you claiming under your own insurance polic for repair to your vehicle?	^{Cy} 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	

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

-

NO

NO

NO

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.

Number of Passengers (Including Driver) 4

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 HALF, 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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEH C

PRIVATE CAR

CHOK SING WEI ANDREW

Accident Sketch Plan 1 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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
- (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
- 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.
- 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 .:

Accident Sketch Plan 2 Pg. 1

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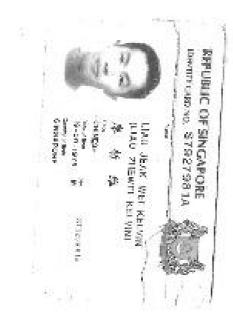
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Accident Sketch Plan Pg. 1

LETTER OF UNDERTAKING

I/We, MIKI Hay Xlaowen	, the owner of vehicle	e no. SH 24th
My/Our Insurance is under M/s AXA Insto claim under my/our Policy or against claim to M/s AXA Insurance Singapore I 14(fourteen) days of occurrence or My/Our Third Party claim is handle by my/	the Third Party and it the Re Ste Ltd with all relevant fact discovery of damage.	ts and documents within
Signed and Acknowledge by:		,
Nric no. and signature of policyholder	Company Stamp	Date

Identification Card









Identification Card



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the Individual The Policy to which falls Cover Form raises to its issued an exceedance with the provisions of the Vistor Vision Vision. Co Seg No. 2012/04/04/66 Hottine: (50) 6419-31/00 TVADDED (Tatter Point Passaural Componention) Ass. (Chapter Lev) and Burn IV of the Brasil Tunesport Are, 1987 (Malaysia). The following risk is whited to the sponsor to below to pendsy several subject to the applicable name and conditions of ARR's action (sound to Cover Note: 5100025771 Schedule (steer victo where arcticable) religious/field M.E. Hot, Kills Wes Age Condition SU175 as Years Did and Americ 40 Years Distance Service 35 Years Old and Acres Fax: (87) 6415-3025

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Authorised Representative

Date of issuence

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Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

		ENDUM	NAENITS:		
(A)	PARTICULARS OF PERSON	MAKING THE AWEND	IVIEN 13.	Clini	10 <i>i</i>
Original Report No:		Vehicle Registra	ation No :	SMAI	+TA
Name(as shown in NRIC):	MIKY Hay				
	(*Vehicle Driver / Vehicle	e Owner) (*) Please de	elete as app	ropriate	
NRIC/Passport No:					
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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