

## 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 17:55
Exact Location Of Accident	SLIP ROAD FROM CTE TOWARDS ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN80Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUNE HWANG LIANG PING
NRIC No	S7215254I
Email Address	ALL_JJ@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96222560
Alternative Phone No	OTHERS-96222560

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 EXV-S (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	GA258277/1
Cover Note Number	

### Driver

Name of Driver	JUNE HWANG LIANG PING
NRIC No	S7215254I
Date Of Birth	03/05/1972
Occupation	INDOOR
Date Of Driving Pass	03/05/1991
Driving Experience	26 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96222560
Fax Number	
Contact Number	OTHERS-96222560
Email Address	ALL_JJ@YAHOO.COM.SG

Address	47 LENTOR AVENUE SINGAPORE
Postcode	788942
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 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	3
Was any body injured in the Accident?	YES
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: : JOY CHENG 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 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?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL247A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KELVIN LIAU
NRIC/Passport Number	
Contact Number	90483247
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 PRIVATE CAR  
Name of Driver CHOK SING WEI  
NRIC/Passport Number  
Contact Number 97641101  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name JOY CHENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SDN80Y  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please read and correctly interpret the meaning of the language on this form and provide
2. The form is not to be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any A.R.C. who provides false information will be held liable for repudiating policy liability.
4. The use and disclosure of this form, by any A.R.C. or any other person, shall be subject to the liability of the A.R.C. on the basis of their knowledge and/or belief.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the G.A. 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 A.R.C. making 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 elsewhere.
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 the accident (all insurer(s) who have insured vehicle(s) involved in the 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 purposes of:
  - (i) processing, handling and/or dealing with my claim including the settlement of the claims and any necessary investigation relating to the claims;
  - (ii) investigating the accident and/or my claim;
  - (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 and/or 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 agent(s) (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 (c) 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

3/2/18 11:55pm

Driver's Signature

(If Driver is not the policyholder)

Date & Time

Reporting Centre Person's Signature

Name

MOBILE NO.

## Sketch Plan #2

### SKETCH PLAN

refer to attached sketch.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We had stopped our vehicle at the slip road junction when the vehicles in front of me started to move off, before my car was hit from the rear by Veh (B). On alighting, I discovered Veh (C) was also involved in the collision. My daughter who was seated behind felt pain in her neck. I will be monitoring her & will consult a doctor if the needs occur.

### DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature

Date & Time

3/2/18 11:55 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time

Report Centre Personnel's Signature


Name


Report No.

# Sketch Plan #3

Date 2 Feb 2018  
 Time 1758 (approx)  
 Weather light rain  
 Road condition wet

 - SDN box

 - Relvin Chan  
 SLC 207A  
 90483297  
 Honda Fit

 - Chok Sing Ng  
 STW 8388  
 97641101  
 Honda Jazz

