

## 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	05/02/2018 15:34
Date Of Accident	02/02/2018 19:15
Exact Location Of Accident	SLIP RD FR PIE TO JALAN EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC5401Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SANZ PTE LTD
Co Reg No	199901602C
Email Address	TPYAP@SANZWORLD.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62698602

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 (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	GA059830/1
Cover Note Number	

### Driver

Name of Driver	YAP TEE PENG
NRIC No	S6845628B
Date Of Birth	26/11/1968
Occupation	INDOOR
Date Of Driving Pass	12/05/1989
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94888567
Fax Number	
Contact Number	
Email Address	TPYAP@SANZWORLD.COM

Address	13 TELOK KURAU RD #03-10
Postcode	423912
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR OF COMPANY
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	DRIZZING
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)	1

#### 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 ATTACHED

#### 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	SKK4389P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIN TAM WAN
NRIC/Passport Number	
Contact Number	96375704
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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/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.

**SANZ PTE LTD**

Blk 20, Woodlands Link #07-30

Woodlands East Industrial Estate Singapore 738733

Tel: (65) 6269 8602 / 6269 1687 Fax: (65) 6269 5634

Co. Reg. No. 199901602C, UEN No. 199901602C, Reg. No.: 199901602C

Date & Time:

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

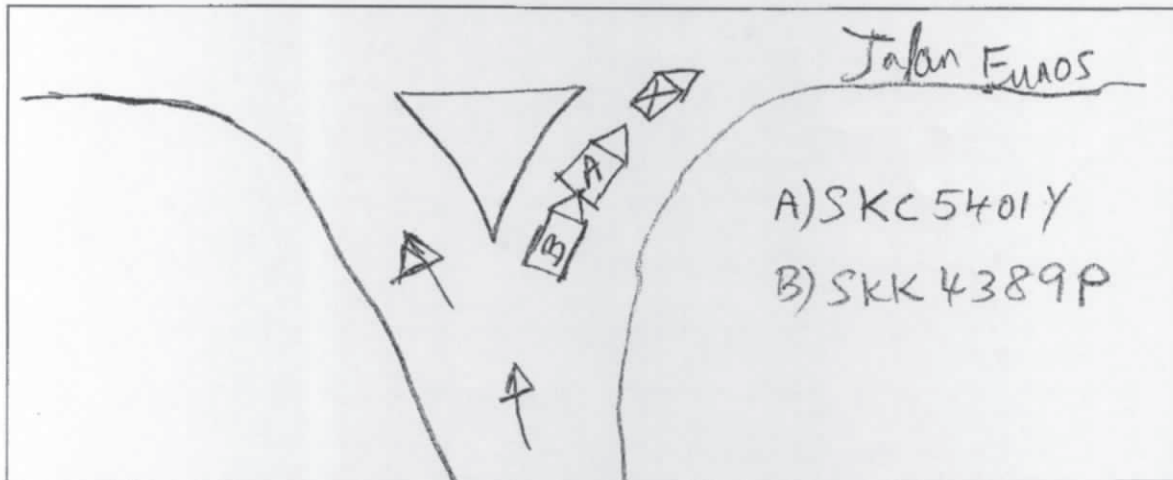
NRIC/FIN No.:



# Sketch Plan Pg. 2

## SKETCH PLAN

Accident Date: 2-2-2018 Time: 7-15pm Location: Slip Rd fr PIE to Jln Euro  
 My Vehicle A: SKC5401Y Vehicle B: SKK4389P Vehicle C/Others: \_\_\_\_\_



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to Attached*

( ) Claim OD / TP at Ah Lim Motor ☒ Claim OD / TP at other workshop ( ) Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop : Success united Pte Ltd.  
 Email Address : sirina@successunited.com.sg  
 & Myself :  
 Email Address : tpyap@saneworld.com

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

**SANZ PTE LTD**

Blk 20, Woodlands Link #07-30

Woodlands East Industrial Estate Singapore 738793

Tel: (65) 6269 1602 / 6269 1687 Fax: (65) 6269 5634

Co. Reg. No. 199901602C GST Reg. No. 199901602C

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time

Witnessed by Reporting Centre

Personnel

Accident reporting

On 2 February 2018 at around 7:15pm on the slip road from PIE to enter into Jalan Eunos. I stopped at the red light junction. As the traffic light turn green, I move my car slowly following the front car. All of a sudden, a loud bang hit the back of my car. I Stopped and alighted. And found the a Camry of car plate number SKK 4389P hit my car at the back.



*[Handwritten Signature]*  
YAP TEE PENY  
S68RS628/B

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1602C
Vehicle Details	
Vehicle No.:	SKC5401Y
Vehicle to be Exported:	No
Intended De-registration Date:	06 Feb 2018
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.4 AUTO ABS AIRBAG
Primary Colour:	Silver
Manufacturing Year:	2011
Engine No.:	2AZE226938
Chassis No.:	MR053BK4007046832
Maximum Power Output:	123.0 kW (164 bhp)
Open Market Value:	\$24,155.00
Original Registration Date:	07 Sep 2011
First Registration Date:	07 Sep 2011
Transfer Count:	0
Actual ARF Paid:	\$24,155.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Sep 2021
PARF Rebate Amount:	\$15,700.00
Intended COE Rebate Details	
COE Expiry Date:	06 Sep 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$63,000.00
COE Rebate Amount:	\$22,575.00
<b>Total Rebate Amount:</b>	<b>\$38,275.00</b>

The information contained herein is correct as at 05 Feb 2018

OK