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001/009

06/02 2018 TUE 9:57 FAX

MSME10018171 / SMS Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 06/02/2018 10:04
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 06/02/2018 10:10

SINGAPORE ACCIDENT STATEMENT

Alvin Malina
SJC 6006K

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 willful 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 06/02/2018 10:04
Date Of Accident 04/02/2018 18:00
Exact Location Of Accident ALONG RD 1 UPP EAST COAST RD
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC6006K
Name Of Registered Owner SH INTEGRATED SERVICES PTE LTD
Co Reg No 20616248Z
Email Address PROJECT13@SH-INTEGRATED.COM
Mobile Phone No
Alternative Phone No OFFICE-88628181

Manufacturer HONDA
Model FIT

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

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA248840/1

Cover Note Number

Name of Driver TAN KOK KHIN HORACE
NRIC No S7232718G
Date Of Birth 08/08/1972
Occupation INDOOR
Date Of Driving Pass 22/06/1991
Driving Experience 26 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-88628181
Fax Number
Contact Number
Email Address NOEMAIL

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Address BLK 72 GEYLANG BAHRU #11-3016
 Postcode 330072
 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 on 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) 1

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name EUNOS NPP
 Police Station Address ROAD: 629 BEDOK RESERVOIR ROAD #01-1820 , POSTCODE: 470629 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Police Report Reference

REFER TO POLICE REPORT: T/20180205/2067.

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 SLM2207Y
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

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No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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 Authorized Driver.~~
3. Information provided must be as ~~truthful and accurate as possible.~~ Any willful misrepresentation or withholding of material facts may allow insurance companies to ~~deny policy liability.~~
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. The 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 submission 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 my enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or policies 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/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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

	A B
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Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

See Police Report

Declaration

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

Witnessed by Reporting Centre Personnel