

MSME18019161 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 07/02/2018 16:07
 SUBMITTED BY: Chia Pei Ying

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	07/02/2018 16:07
Date Of Accident	07/02/2018 08:25
Exact Location Of Accident	CAVENAGH RD TWDS ORCHARD RD
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG666A
Insured/Policyholder	
Name Of Registered Owner	XIANG MEI LIN
NRIC No	G0425668P
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81321111
Alternative Phone No	OFFICE-81321111

Vehicle Particulars

Manufacturer	JAGUAR
Model	XJ

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	GA181989
Cover Note Number	

Driver

Name of Driver	ANG KWEE KIM
NRIC No	S0825741H
Date Of Birth	06/04/1942
Occupation	INDOOR
Date Of Driving Pass	28/08/1959
Driving Experience	58 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96385166
Fax Number	
Contact Number	
EMail Address	NOEMAIL

- Address BLK 770 WOODLANDS DRIVE 60 #08-154
 Postcode 730770
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - FATHER-IN-LAW
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 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) 2
 Passenger 1 NAME: : NICHOLE ANG
 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

ON 07/02/2018 AT ABOUT 8.25AM, I WAS DRIVING ALONG CAVENAGH ROAD TOWARDS ORCHARD ROAD. WHILE I WAS DRIVING ON MY LANE, VEHICLE B (SHC8485X) SUDDENLY CUT INTO MY LANE AND HIT ONTO MY FRONT LEFT. MY CAR VIDEO CAPTURED THE ACCIDENT SCENE.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: -
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8485X
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


Sketch Plan Pg. 1


SKETCH PLANIMPORTANT NOTICE

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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.

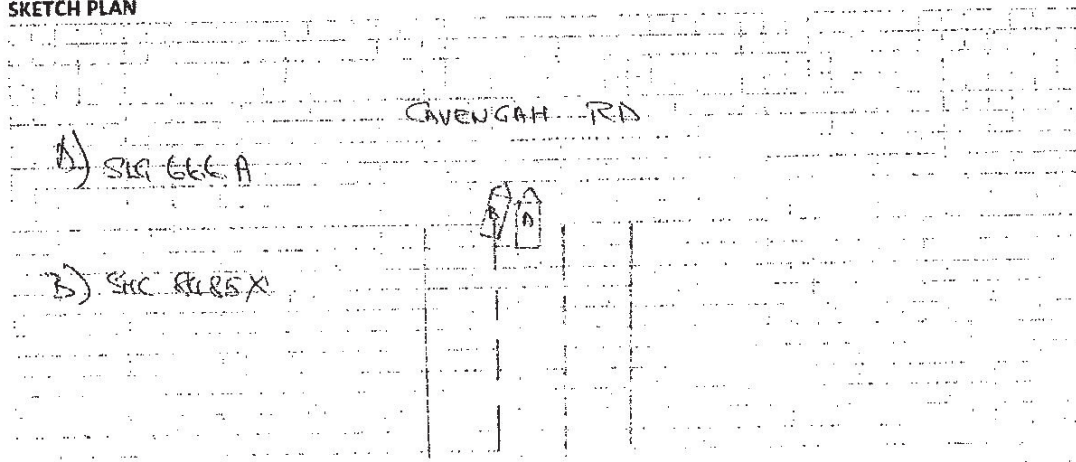

 Policyholder's Signature
 Date & Time:


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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN




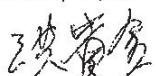
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/02/2018 at about 0835 am I was driving along Cavenagh Road towards Orchard Road. While I was driving on my lane, vehicle B (SIG 8455 X) suddenly cut into my lane and hit on my left front. My car video captured the accident scene.

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:

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

REPORTING CENTRE PERSONNEL'S SIGNATURE

Sketch Plan #3 Pg. 1


LETTER OF UNDERTAKING

XIANG Mei LIN, the owner of vehicle no. SLG 666 A

Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether
for my/our Policy or against the Third Party and if the former shall submit such a
AXA Insurance Singapore Pte Ltd with all relevant facts and documents within
n) days of occurrence or discovery of damage.

Third Party claim is handle by my/our preferred workshop, VFIX AUTO SERVICE PTE LTD

Acknowledge by:


signature of policyholder

Company Stamp

07/08/18
Date