AXA VS ? SINDIA OUT

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 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.

ACCIDENT STATEMENT

Date Of Report	15/02/2018 08:17
Date Of Accident	14/02/2018 15:35
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5444R

Insured/Policyholder

Name Of Registered Owner	CHIAM YIK YEE, ALVIN ROY
Work Permit No	S8006002E
Email Address	CHIAMALVIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81819654
Alternative Phone No	OFFICE-91288020

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI (DSG)RECAT EQP
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	P 1517682
Cover Note Number	

Driver

Name of Driver	CHEW SEOK PENG
NRIC No	S8006365B
Date Of Birth	23/02/1980
Occupation	INDOOR
Date Of Driving Pass	17/08/2003
Driving Experience	14 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97772502
Fax Number	
Contact Number	
EMail Address	HINDFEET@SINGTEL.COM.SG

Address	BLK 211 BUKIT BATOK STREET 21 #08-256
Postcode	650211
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	- - -

General Information of 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

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 SKETCH PLAN

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	SHA3942L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	97512831
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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7. By the lodgment 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 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

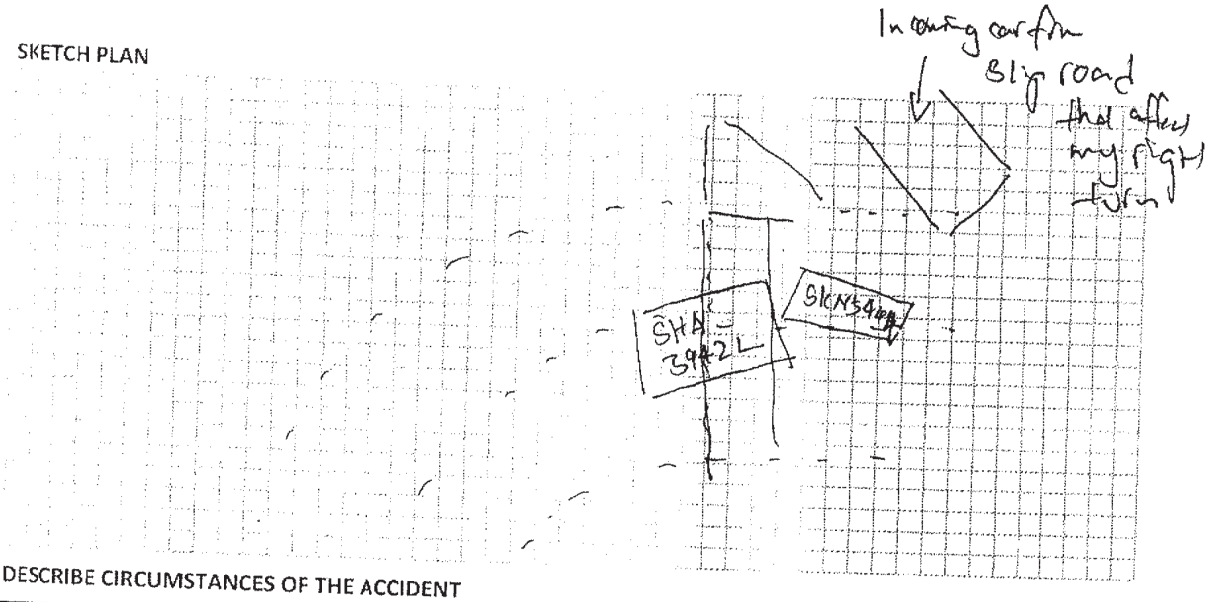
      (ii) for complying with requirements under any regulations, laws or court orders.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident occurred at the traffic junction of Upper Bt Timah Road & Jln Jurong Kechil at 3:35pm. I was making a right turn from Upper Bt Timah Road turning right into Jln Jurong Kechil when the green light was in my favor. I was traveling at less than 30km/hr. After completing the right turn, a vehicle came onto my lane from a slip road on the left without giving way. I had the right of way. I sounded the horn, slowed down, swerved slightly to the right to avoid hitting the car. My car was mostly in my lane. Vehicle SHA3942L was visible in my rear view mirror when I swerved slightly. We stopped at the bus stop nearby, then moved on to a carpark where we took photos of the damages. SHA3942L has an in-car camera.

SHA3942L hit my car rear.

SHA3942L

Comfort Taxi

Mr Tan 97512831

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.:

4553176

NRIC No. S8006002E

Date of issue
05-04-2010

Address
APT BLK 211 BUKIT BATOK STREET 21
#08-256
SINGAPORE 650211

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Apr 2001

Licence No: S8006002E

NP 128A

4553179

NRIC No. S8006365B

Date of issue
05-04-2010

Address
APT BLK 211 BUKIT BATOK STREET 21
#08-256
SINGAPORE 650211

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals =< 2500kg	17 Aug 2009

Licence No: S8006365B

NP 128A

1800 8804 888

AXA : P151 7682

Excess : $600

NCD : 50, ✓

COURTESY CAR

AXA : 0 EXCESS

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8006002E

Name
CHIAM YIK YEE, ALVIN ROY
(ZHAN YIYI, ALVIN ROY)
詹 益 毅
Race
CHINESE
Date of birth
01-03-1980
Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8006365B

Name
CHEW SEOK PENG
(ZHOU SHUPING)
周 淑 萍
Race
CHINESE
Date of birth
23-02-1980
Sex
F
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

CHIAM YIK YEE, ALVIN ROY
(ZHAN YIYI, ALVIN ROY)

Issue Date: 20 Mar 2003

G0031261?K

REPUBLIC OF SINGAPORE DRIVING LICENCE

CHEW SEOK PENG
(ZHOU SHUPING)

Issue Date: 17 Aug 2009

0017747?5B

CONTACT : 97772502

EMAIL : hindfeet@singnet.com.sg