#### 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 wliful 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.

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 Date Of Report
 13/02/2018 17:15

 Date Of Accident
 12/02/2018 21:40

Exact Location Of Accident MACPHERSON ROAD AT CASUALRINA CURRY HOUSE

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLL9500J

Insured/Policyholder

Name Of Registered Owner TEOH CHE CHUNG ELVIN

NRIC No S1535996Z

 Email Address
 ELVINTEOH@YAHOO.COM

 Mobile Phone No
 (LOCAL) +65-97300995

 Alternative Phone No
 OFFICE-97300995

Vehicle Particulars

Manufacturer AUDI

Model AUDI A6 3.0T

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 GA190203/1

Cover Note Number

Driver

Name of Driver TEOH CHE CHUNG ELVIN

 NRIC No
 \$1535996Z

 Date Of Birth
 30/07/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 23/02/1980

Driving Experience 37 YEARS AND 11 MONTHS

Gender MALI

Mobile Number (LOCAL) +65-97300995

Fax Number

Contact Number OFFICE-97300995

EMail Address ELVINTEOH@YAHOO.COM

Address

47 TAI KENG PLACE

Postcode

534350

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

**CLEAR** 

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

**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

TP-REVERSED HIT MY FRONT VEHICLE

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GZ5374T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

WANG LIMIN

NRIC/Passport Number

G2869548P

Contact Number

83040614

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## IMPOSTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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)

Lunderstand, acknowledge, agree and consent thet:

- (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:
  - 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

Pate & Time: 12/2/10

17.15

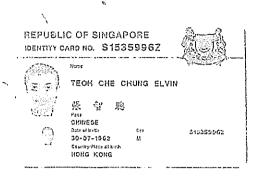
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SIXETCH PLAN
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Lot immediately infruit of my vehicle was empty
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7.) His reliable GZ 5374 T is reliabled to
SONGLILA, TRAPING ENTERPIEUR (FLE LTO) 371 KAMPONG AMPAT HOLOY KA FODLINK (S) 368330.
DECLARATION
/W/declare the foregoing particulars are true in every respect.
olicyholder's Signature Driver's Signature Reporting Centre Personnel's Signature
Date & Time: 13 12 12 18 (If driver is not the policyholder) Name:  Date & Time: NRIC/FIN No.:

# Sketch Plan Pg. 3









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## Sketch Plan Pg. 4



redefining/insurance



A.A Insurance Fle Ltd 1500 850 4698 (Within Singapore)
(65) 6856 4898 (International)
(65) 6860 4740 (05) 6860 4740

customericaleSara.com.sg

# Certificate of Insurance

account number

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#### Policy details

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GA190203/1 WAVZZZ-462CH677000 CGACCS791

Period of Instrumence Florance lead company from 21/04/2017 to 25/04/2015 (both data included)

# Persons or classes of persons entitled to drive:

(a) The Polityholder (b) The Polityholder (c) Any policy who is given g on the Polityholder's crops of wan their commission

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## AVA Insurance Pte Ltd

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Authorised signature

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