

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	03/03/2018 12:45
Date Of Accident	02/03/2018 12:40
Exact Location Of Accident	SENGKANG SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK2352E
Insured/Policyholder	
Name Of Registered Owner	LURA SOLUTIONS
Co Reg No	53323513L
Email Address	LURIE4@SINGNET.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96692595

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 L (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P1692332
Cover Note Number	

Driver

Name of Driver	LUR HWEE PENG
NRIC No	S7320222A
Date Of Birth	14/05/1973
Occupation	INDOOR
Date Of Driving Pass	13/08/1993
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96692595
Fax Number	
Contact Number	
Email Address	LURIE4@SINGNET.COM

Address	BLK 89 TANGLIN HALT RD #21-358
Postcode	141089
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 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	2
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 ATTACH

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	SLR563E
Vehicle Make/Model/Colour	TOYOTA WISH BROWN
Details Of Properties	REAR BUMPER
Vehicle Category	PRIVATE HIRE
Name of Driver	NG CHOON LENG
NRIC/Passport Number	
Contact Number	92703521
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.

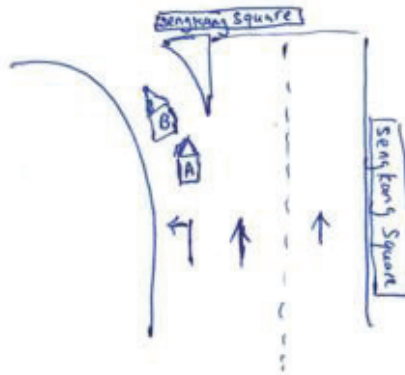

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN




Vehicle B - SLR 563E
Vehicle A - SGK 2352E.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 1240pm on 02 March 2018, I am driving along Sengkang square filtering into a ^(sliproad) ~~junction~~ left junction toward Sengkang square Rd, compass one, behind vehicle B at about a vehicle distance ^{length} below 10 km/hr. All of a sudden vehicle B suddenly jam brake for ~~the purpose~~ some unknown purpose. At that moment, I immediately step on my brake pedal, but my front left hand side of vehicle (A) touch on the right side lower rear bumper of vehicle B.

DECLARATION

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

 03/03/18
Policyholder's Signature
Date & Time: 1130h.

 03/03/18
Driver's Signature
(If driver is not the policyholder)
Date & Time: 1130h.


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

AUTHORISE LETTER

To: Hin Lung Workshop

Date: 3/3/2018

Re: Accident involving SGK2352E/SLR 563E on 02/03/2018
along Sengkang Square.

I (~~Mr/Ms~~ Lura Solutions ^{Co. Reg. No.} 58323513L ~~NRIC~~)

the owner of SGK2352E had authorized Mr/ ~~Ms~~
Lur Hwee Peng (NRIC S7320222A) to drive my vehicle

at the time of accident. I am fully aware of the Accident Reporting procedure and
authorized Mr/ ~~Ms~~ Lur Hwee Peng to report of the accident
to the reporting centre.

Thank you.


(no company stamp fabricated for above mentioned company)
(Policyholder Signature & Date)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



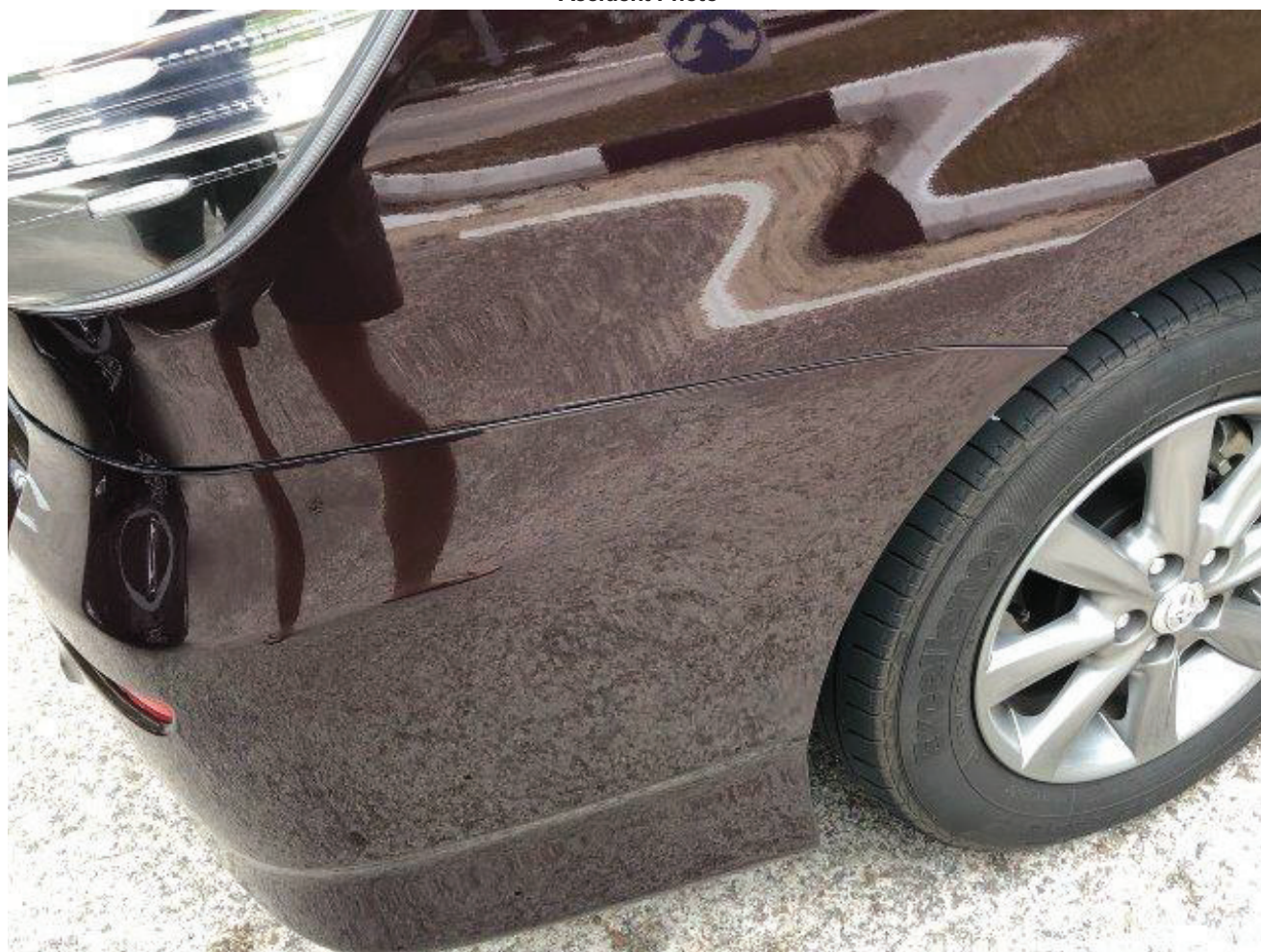
Accident Photo



Accident Photo



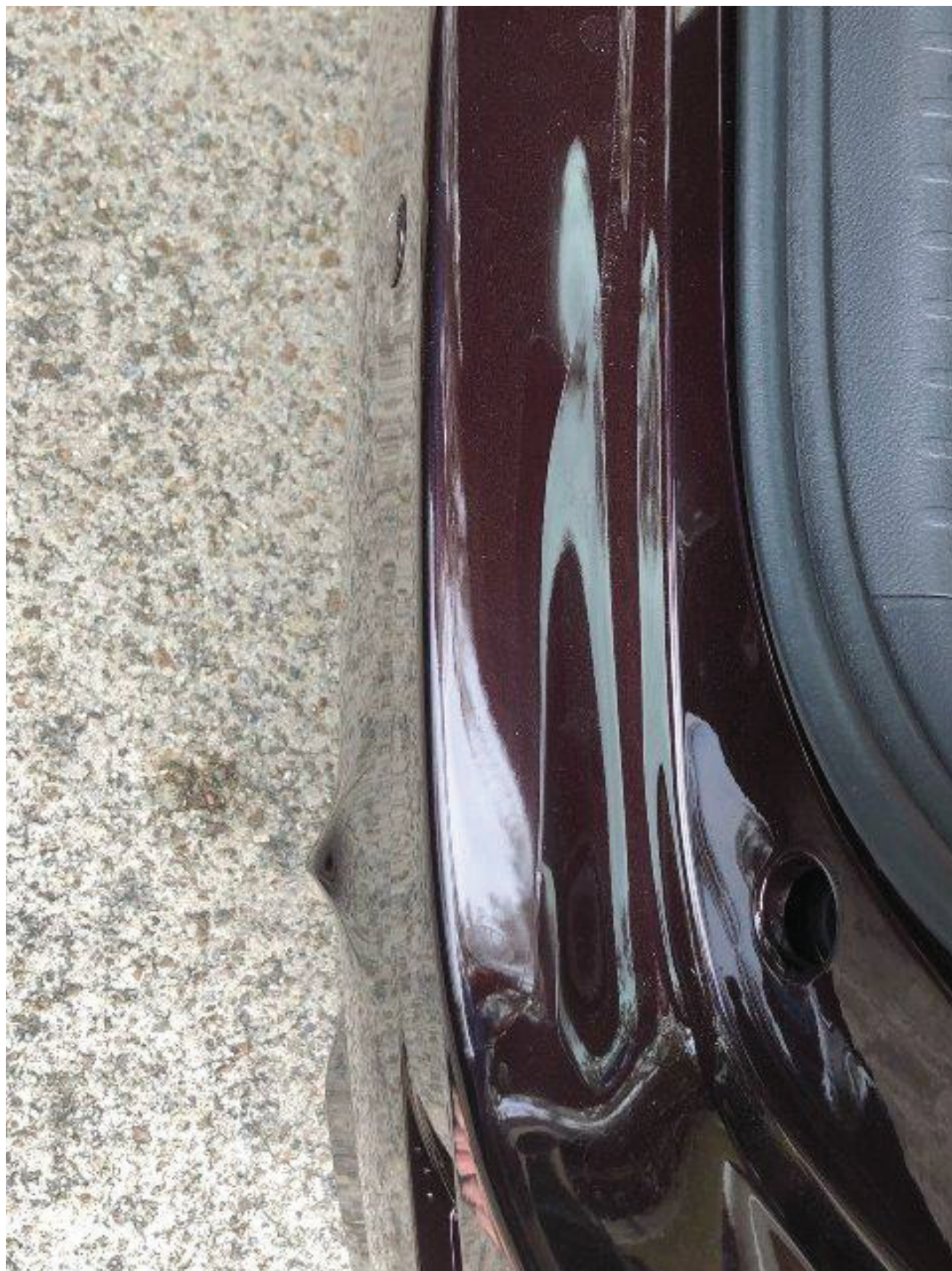
Accident Photo



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