

## 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	27/02/2018 13:14
Date Of Accident	26/02/2018 19:30
Exact Location Of Accident	ALONG BAYFRONT AVE NEAR MBS CASINO SIDE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ62X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACE DRIVE PTE LTD
Co Reg No	201004348K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96377359
Alternative Phone No	OFFICE-64444400

### Vehicle Particulars

Manufacturer	BMW
Model	530I SE AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	CN867892
Cover Note Number	

### Driver

Name of Driver	LAM HANG NGO CATHERINE
Passport No/FIN	G6184637P
Date Of Birth	04/03/1964
Occupation	INDOOR
Date Of Driving Pass	06/04/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98270883
Fax Number	
Contact Number	
EMail Address	LAMCATH@YAHOO.COM

Address 63 MOUNT SINAI DRIVE 19-05  
 Postcode 277116  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident SIDE SWIPE  
 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?  
 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**

I WAS LEAVING FROM THE MBS CARPARK AND DRIVING ON MY WAY HOME. WHILE I WAS MAKING MY U-TURN FROM MBS HOTEL TOWER 3 SIDE TO MBS CASINO ALONG BAYFRONT AVENUE, I HAVE CHECKED FOR CLEAR TRAFFIC BEFORE I MADE THE U-TURN. THERE WERE MOTORCYCLES AND CARS PARKING ON THE FAR LEFT LANE. HENCE, I AM MAKING MY U-TURN VERY CAREFULLY. THERE WAS A TRASCAB (SHC5081Y, NAME OF DRIVER: LEE HUNG HOE) SUDDENLY SWERVE INTO MY LANE THAT CAME PASS AT A FASTER SPEED, HIT ME FROM THE LEFT AND THE TAXI STOPPED IN FRONT OF ME AS OUTLINED IN THE DRAWINGS BELOW. I CALLED 999, REPORTED THE CASE TO THE POLICE. POLICE, MR ALBERT TONG (T:+65 6547 6008) CALLED BACK WITHIN TWO MINUTES AFTER MY CALL. AS THERE WAS NO INJURY INVOLVED, MR TONG ADVISED ME TO EXCHANGE THE INFORMATION WITH THE CAB DRIVER AND FILE A REPORT WITH THE INSURANCE COMPANY WITHIN ONE DAY.

**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 SHC5081Y  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver LEE HUNG HOE  
 NRIC/Passport Number S0091701Z  
 Contact Number 96757240  
 Address  
 Postcode  
 Insurance Company Name

## SKETCH PLAN

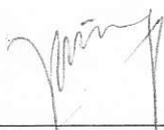
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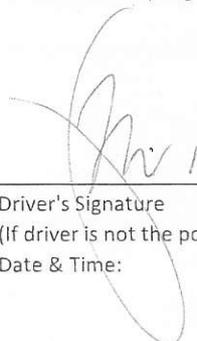
### 8. **Consent under the Personal Data Protection Act (PDPA)**

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:

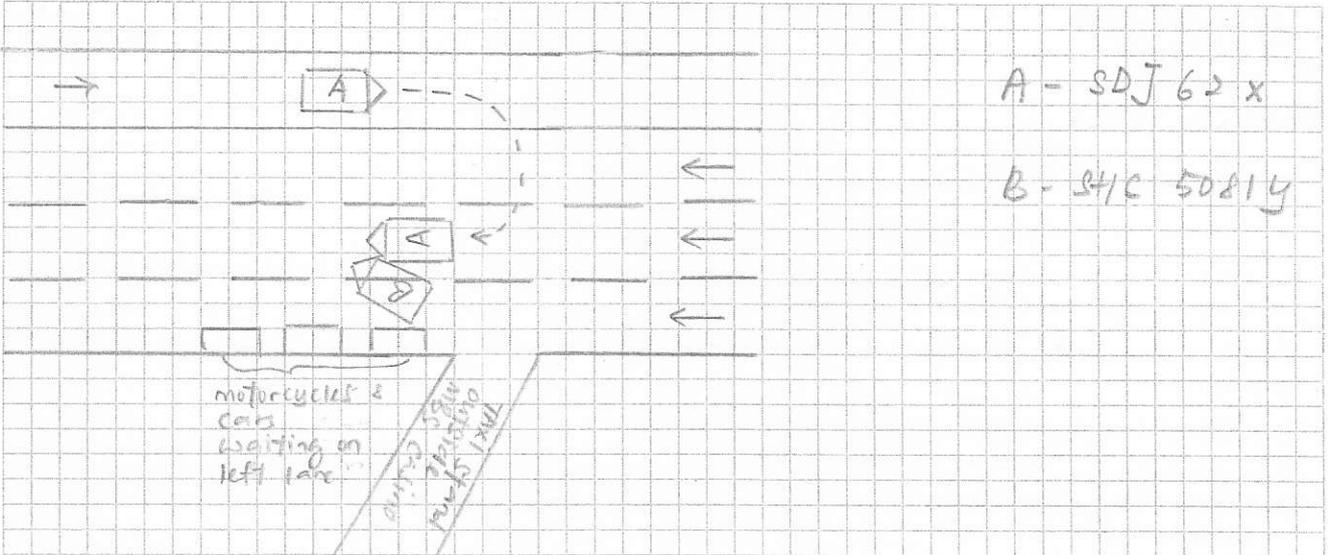


Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27.02.18



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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was leaving from the MBS Carpark and driving on my way home, while I was making my U-turn from MBS Hotel Tower 3 side to MBS Casino along Bryfrost Avenue, I have checked for clear traffic before I made the U-turn. There were motorcycles and cars parking on the far left lane. Hence, I am making my u turn very carefully. There was a translab (SHC 5081 Y, name of driver = Lee Hung Hoe) suddenly shelve into my lane that came pass at a faster speed, hit me from the left and the taxi stopped in front of me as outlined in the drawings below.

I called 999, reported the case to the police. Police, Mr Albert Tong (CT: +65 65476008) called back within two minutes after my call. As there was no injury involved, Mr. Tong advised me to exchange the information with the cab driver and file a report with the insurance company within one day.

**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: 27.02.18

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

