

MARCUS

0001/006

21/03 2018 WED 17:18 FAX

MSAR16038673 / GME Motor Pte Ltd - Keki Bui
 ENTRY DATE & TIME: 21/03/2018 17:23
 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 willful 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 21/03/2018 17:23
 Date Of Accident 20/03/2018 17:20
 Exact Location Of Accident ANG MO KIO AVE 3
 Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG8685D
 Insured/Policyholder
 Name Of Registered Owner LIOW HOCK KENG
 NRIC No S1718057F
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-86878280
 Alternative Phone No OFFICE-86878280

Vehicle Particulars

Manufacturer PEUGEOT
 Model 508-1.6 (A)

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 GA108380

Cover Note Number

Driver

Name of Driver LIOW HOCK KENG
 NRIC No S1718057F
 Date Of Birth 22/06/1965
 Occupation OUTDCOR
 Date Of Driving Pass 07/12/1991
 Driving Experience 26 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-86878280
 Fax Number
 Contact Number OFFICE-86878280
 Email Address NOEMAIL

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Address BLK 561 ANG MO KIO AVE 10 #03-1825
 Postcode 560561
 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 CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface WET

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

ON THE ABOVE MENTIONED DATE AND TIME, I WAS DRIVING ALONG ANG MO KIO AVE 3 ON LANE 3. TRAFFIC VOLUME WAS MODERATE. I SIGNALLLED RIGHT, WANTED TO FILTER INTO THE NEXT LANE BUT I DID NOT REALISE THE TAXI IN FRONT CAME TO A STOP AND ACCIDENTALLY BUMP ONTO IT'S REAR, SUDDENLY, I FELT A GREAT IMPACT AT THE REAR OF MY CAR AND THE GREAT IMPACT PUSHED MY CAR AND TOUCHED THE TAXI AGAIN. I HAVE PRIVATE SETTLED WITH THE TAXI. I FILED THIS REPORT IS TO CLAIM THE VEHICLE BEHIND ME.

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 GBE6781P
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver KABIR SHAHRIAR
 NRIC/Passport Number G8260515R
 Contact Number 90443090
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA4303A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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
Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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: 21/3/18, 4:50 pm


Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/3/18, 4:50 pm

Reporting Centre Personnel's Signature

Name:

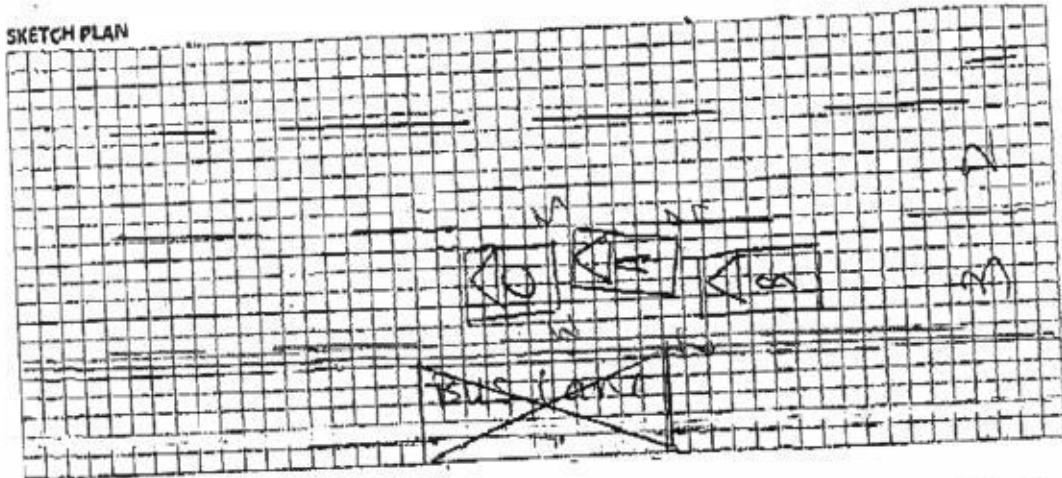
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Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time, I was driving along Ang Mo Kio Ave 3 on lane 3. Traffic volume was moderate. I signalled right wanted to filter into the next lane but I did not realise the taxi in front of me was slow and accidentally bump on its rear. Suddenly I felt an impact at the rear of my car and the great impact pushed my car and touched the taxi again. I have private & collided with the taxi. I filed this report to claim the vehicle behind me.

DECLARATION

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

Policyholder's Signature

Date & Time:

GUMAC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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