### 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 <u>truthful and accurate</u> 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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	28/03/2018 11:30		
Date Of Accident	27/03/2018 19:00		
Exact Location Of Accident	BKE /JUST ENTER BKE/WOODLAND AFTER EXIT PIE/TUAS		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKG5427C		
Insured/Policyholder			
Name Of Registered Owner	TAN JING HAO		
NRIC No	S8709896F		
Email Address	TANJINGHAO11@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-94559135		
Alternative Phone No	OFFICE-94559135		
Vehicle Particulars			
Manufacturer	CHEVROLET		
Model	CRUZE-1.6 (A)		
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?	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	GA267563/1		
Cover Note Number			
Driver			

Name of Driver TAN JING HAO
NRIC No S8709896F
Date Of Birth 10/04/1987
Occupation INDOOR
Date Of Driving Pass 19/04/2016

Driving Experience 1 YEAR AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94559135

Fax Number

Contact Number OFFICE-94559135

EMail Address TANJINGHAO11@GMAIL.COM

Address 541 CHOA CHU KANG ST 52

Postcode 650541

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 **RAINING** 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?

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)

1

NO

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

### SEE REPORT ATTACHED

### 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 SGX1648R

VW Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category YIM MING WEI Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKK8584R Vehicle Make/Model/Colour **TOYOTA** 

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver JOCELYN

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SCY1714A

Vehicle Make/Model/Colour NISSAN

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver IMRAN BIN BUSTAMAN

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

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DECLARATION  I/We declare the foregoing i	particulars are true in every respect.	1
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20/3/10	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:
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#### SKETCH PLAN

# DORTANT 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.
- & . 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:
  - 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

pite & Time: 23/2/10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

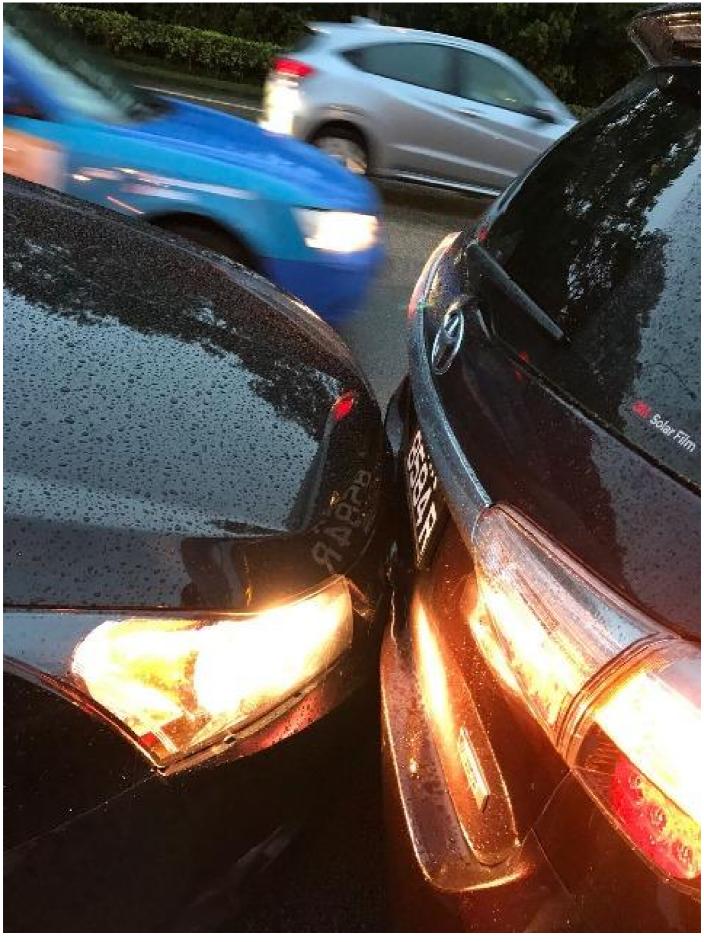
Reporting Centre Personnel's Signature

Name:

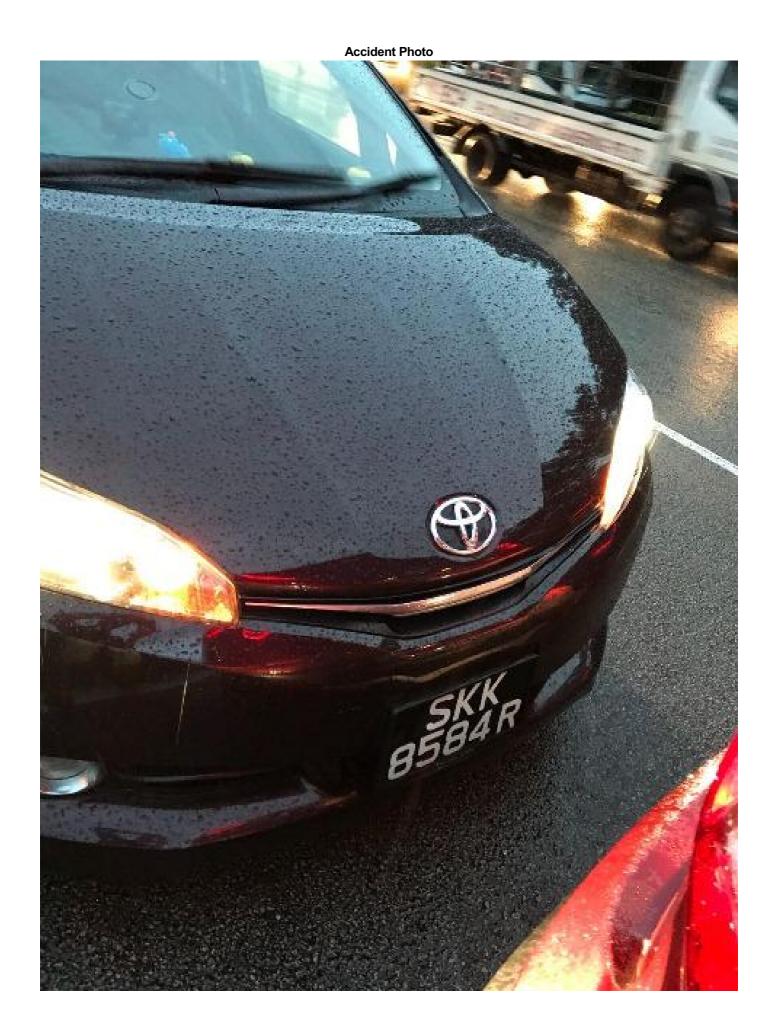
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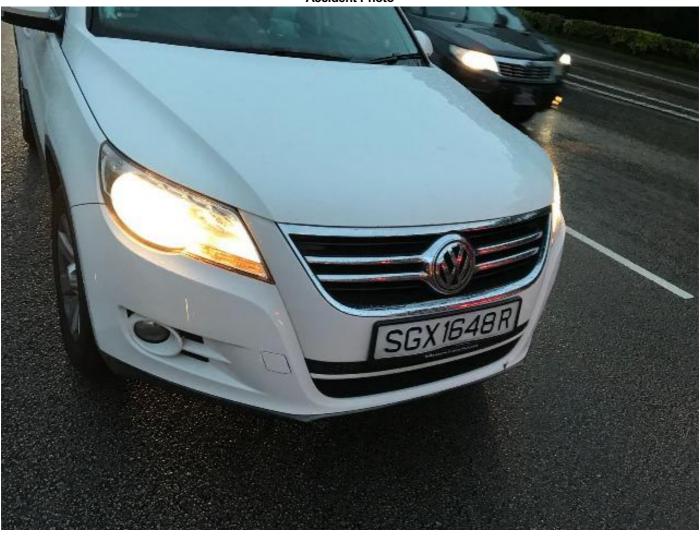












#### **INSURANCE CERT**





Cortificate number

Chasa a rain ber

Engine manager

ANA Insurance Post Ltd. 2 1800 888 4888 (Within Singaport) (85) 6880 4888 (International) (65) 6569-4740 El pustomentamentamicaming HI MANAGARANING

GASG3563 / 10

WELLIA TORRESTON AND STATE

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# **Certificate of Insurance**

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#### Policy detalls

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Period of Insurance Octob 17/09/2013 to 16/06/2018 (1619 Octob October)

Financialism company. OBS BANKLID

## Persons or classes of persons entitled to drive\*

(a) The Policybolds

(b) Any Marrison Diversity as seption in the Policy:

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An Additional Expension applicable as follows:

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- 2. \$8500 for declared found and housewherees power
- 3. 845,000 for unduring all Reary and help efforced dynams. I we relationed upone in recruiped to \$82,500 8 for the process and Plantaum

# Additional clauses & endorsements to your policy

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#### AXX Insurance Pie tid

Authorised signature

### Important note

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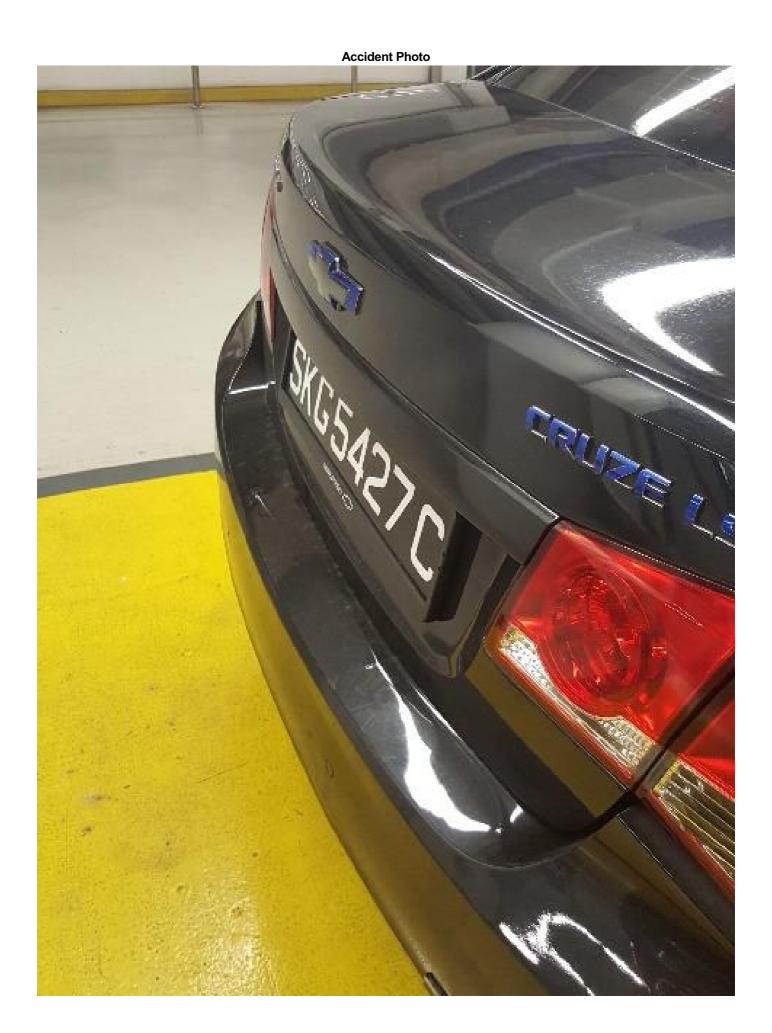




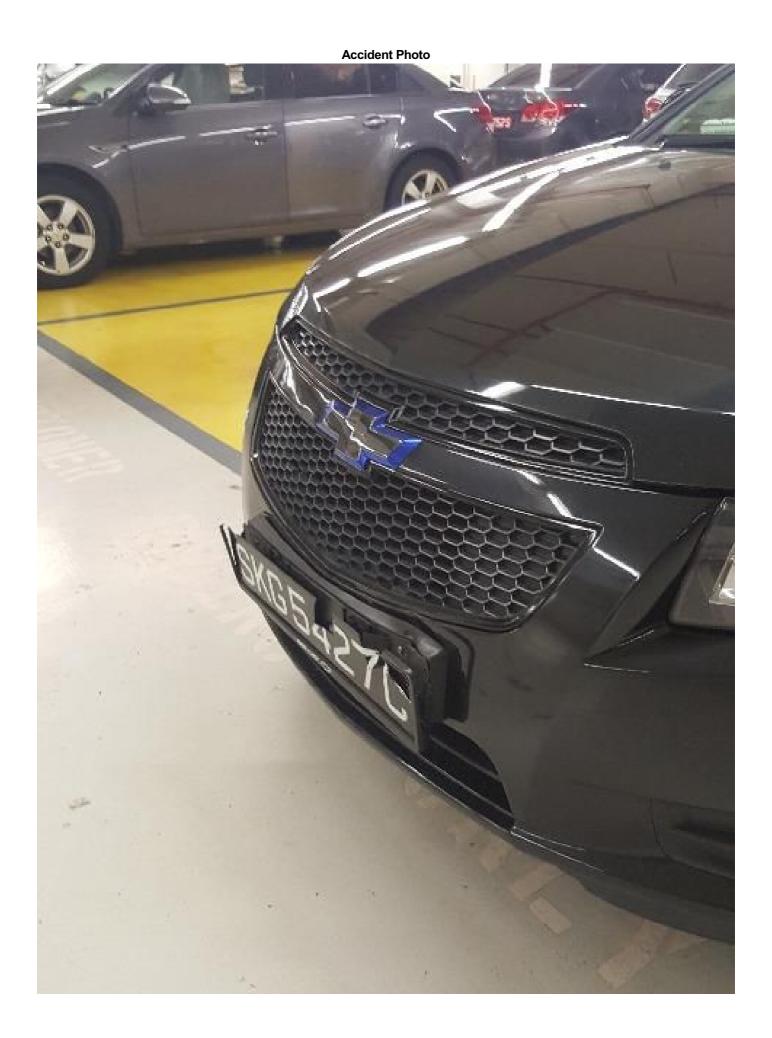




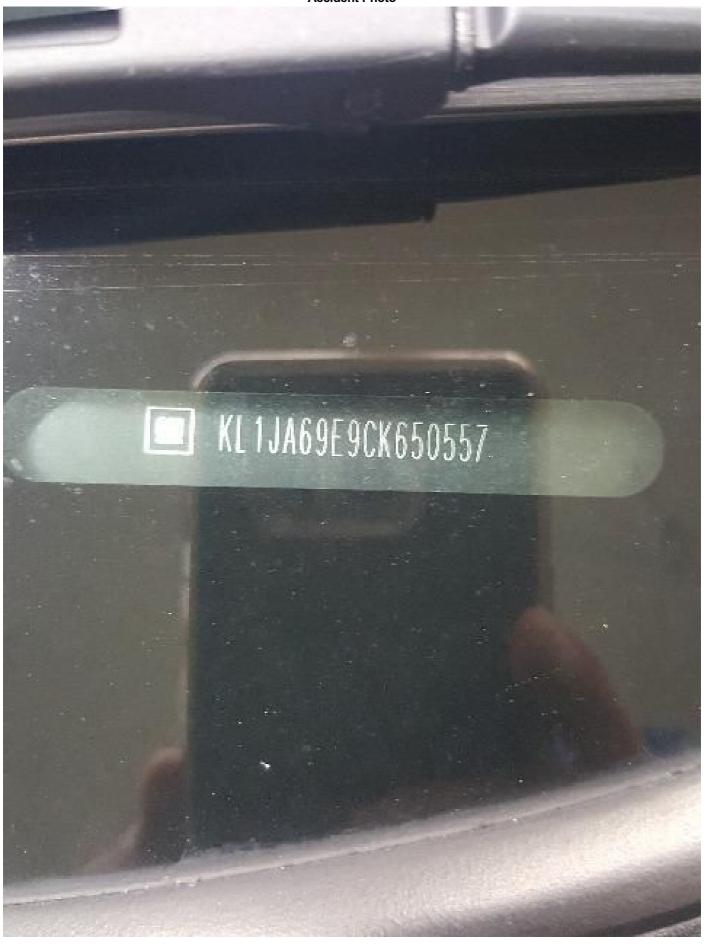


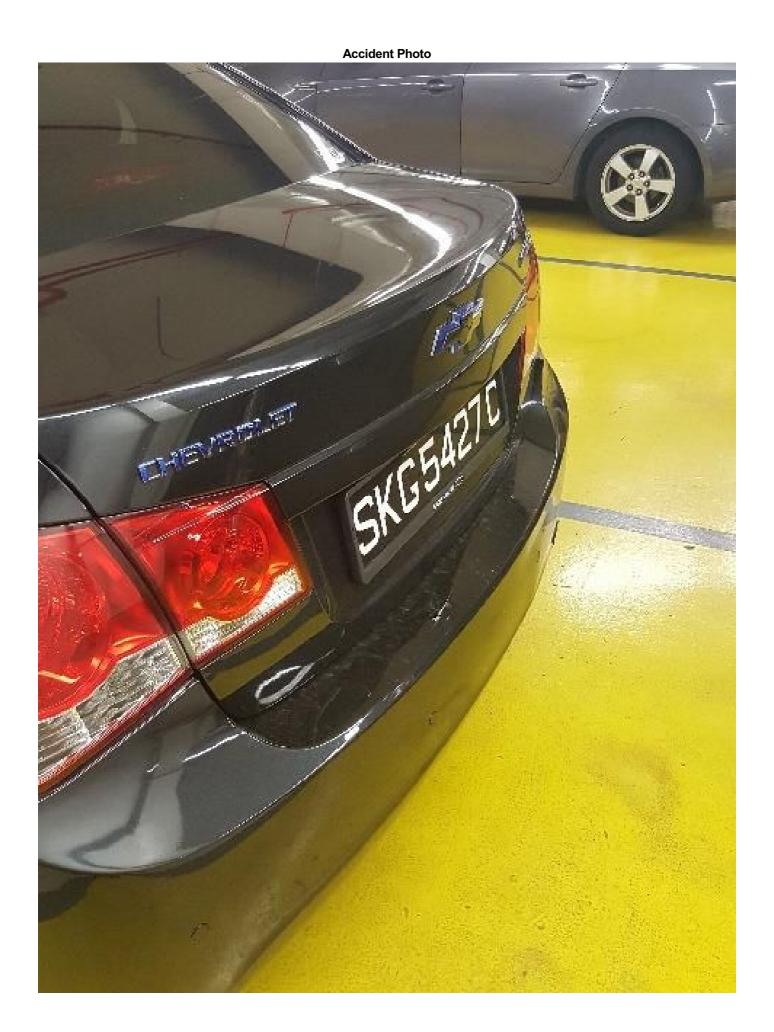






**Accident Photo** 





#### **Addendum Sheet**



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Namelas shown in NRICJ: TAN JIN & MAO NRIC/FIN/Passport No: 50 +09 fa 6 f (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Singapore( Address Mobile No. :\_\_\_ Contact (Tel) Email Address 2018 Time of Accident : Date of Accident BUE / Just Enter BICF Mood land After EN PIF TIAG Place of Accident : Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Par 19th April 2016 instead of 2015 dare Dring Reporting Centre Personnel's Signature Policyholder / Driver's Signature 51328727/A Name: NRIC/FIN No .: Date: 13/2018