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 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.

ACCIDENT STATEMENT

Date Of Report	09/04/2018 10:18
Date Of Accident	06/04/2018 15:45
Exact Location Of Accident	MARINA GARDEN DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB1602Z
Insured/Policyholder	
Name Of Registered Owner	AW LAY ENG COREEN
NRIC No	S1517036J
Email Address	COREEN@SIXTEEN-O-TWO.COM
Mobile Phone No	(LOCAL) +65-97371602
Alternative Phone No	OFFICE-97371602
Vehicle Particulars	
Manufacturer	BMW
Model	520
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	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	VPA/P1819169
Cover Note Number	
Driver	
Name of Driver	AW LAY ENG COREEN
NRIC No	S1517036J
Date Of Birth	16/02/1962
Occupation	INDOOR
Date Of Driving Pass	18/09/1979
Driving Experience	38 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97371602
Fax Number	
Contact Number	OFFICE-97371602
EMail Address	COREEN@SIXTEEN-O-TWO.COM

Address	BLK 19 CANTONMENT CLOSE #29-69
Postcode	080019
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	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?	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)	2
Passenger 1	NAME: : ANG LAY PHENG GENDER: : FEMALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ7632K
Vehicle Make/Model/Colour	FIAT DOBLO VAN BLUE
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	NG YANG LIU
NRIC/Passport Number	S8130887Z
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	RIGHT
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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)**

   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:

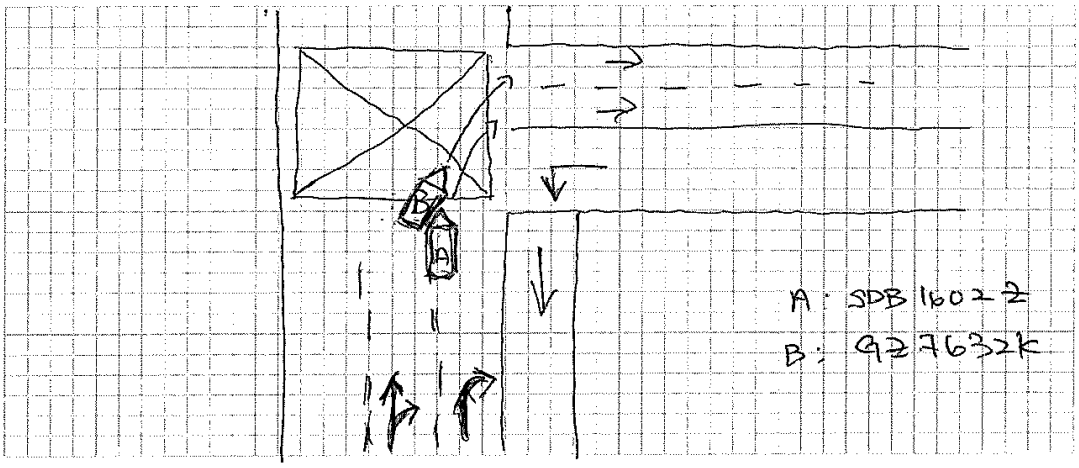
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

MERINA CHIA SAN SAN
Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159943

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 7/4/18 (11Am)	(If driver is not the policyholder) Date & Time: 7/4/18 (11Am)	Name:
		NRIC/FIN No.: 07 APR 2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning right from Central Blvd to Marina Gardens Drive. My car was in the 2nd lane from right which was a "Go Straight / turn right lane (↑↱). When the light flashed Green I was starting to turn RIGHT, then the Blue Van GZ 7632 K which was behind me suddenly overtook me from ~~the~~ my left and ~~hit~~ collided into the left front of my car.

The BMW Advanced Car Eye (Video cam) showed that

① ~~My~~ ~~was~~ My car was hit when I just started the right turn before the Yellow line (BOX) I was travelling at a slow speed of about 20-30 km/hr.

② GZ 7632 K van was behind me, then nearing the traffic light on Central Blvd, the Blue Van veered left of the second lane (↑↱) to overtake my car. He was travelling at a higher speed (about 50-60 km/hr) and then his right rear collided into my car's front left side.

DECLARATION

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

~~MERINA CHIA SAN SAN~~
Performance Motors Limited
303 Alexandra Road
Simo Darby Performance Centre
Singapore 159941

Policyholder's Signature Date & Time: 07 APR 2018	Driver's Signature (If driver is not the policyholder) Date & Time: 07 APR 2018	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 07 APR 2018

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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