

## 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	17/05/2018 19:32
Date Of Accident	17/05/2018 15:10
Exact Location Of Accident	UWCSEA DOVER CAMPUS 1207 DOVER ROAD S(139654)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC4485L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FENG SHENG JIE
NRIC No	S6868504D
Email Address	MNU5406@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97525680
Alternative Phone No	OFFICE-97525680

### Vehicle Particulars

Manufacturer	AUDI
Model	Q5 2.0 TFSI QU
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	GA057599/1
Cover Note Number	

### Driver

Name of Driver	XIONG YUHUA
NRIC No	S8482882C
Date Of Birth	21/08/1984
Occupation	INDOOR
Date Of Driving Pass	09/02/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97525680
Fax Number	
Contact Number	OFFICE-97525680
Email Address	MNU5406@GMAIL.COM

Address	3 GRANGE GARDEN #05-02
Postcode	249633
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
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: : FENG SAN CHUAN GENDER: : MALE

#### 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 17/05/2018, AT ABOUT 15 : 11 HRS, TRAFFIC WAS HEAVY WITH CARS TRAVELLING AT 10-15 KM/HR START- STOP ON THE ROAD AT UWC DOVER CAMPUS. THE CAR IN FRONT OF ME WAS STOPPED. WHICH I ALSO SUBSEQUENTLY FOLLOWED AND STOPPED . SUDDENLY, THE CAR (SJR479P) RAMMED INTO ME FROM BEHIND. AFTER THE ACCIDENT, WE HAVE EXCHANGED BOTH PARTICULAR INFORMATION.

#### 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	SJR479P
Vehicle Make/Model/Colour	TOYOTA/CAMRY/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE YAN
NRIC/Passport Number	
Contact Number	97264166
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### 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.

Policyholder's Signature  
Date & Time:

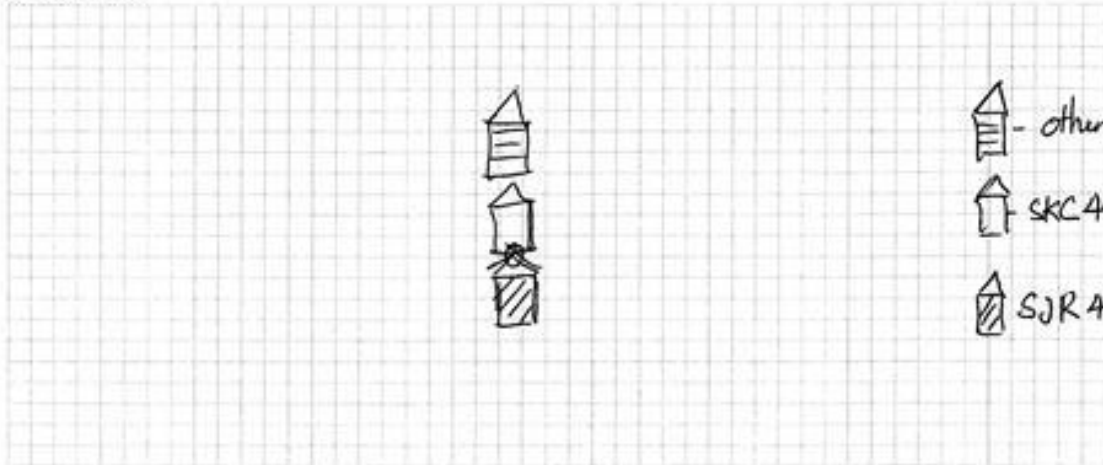
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Report Centre Personnel's Signature  
Name: WONG KIONG SENG, Gng  
NRIC/FIN No.: G2987145X

Auto Accidents Form (GIA) 2018

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/05/2018, At about 15:11 hrs, ~~was travelling~~ Traffic was heavy with cars travelling of 10-15 km/hrs start - stop on the road at unc. ~~(car SKC 4485L)~~ car in front of me was stopped which I also ~~stopped~~ subsequently allowed and stopped. Suddenly the car (SJR 479P) rammed into me from behind. After the accident, we have exchanged both particular information.

### DECLARATION

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

Policyholder's Signature

Date & Time:

17/05/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

17/05/2018  
1800

Reporting Centre Personnel's Signature

Name: ~~Wan~~ KERNU SENG GONG

NRIC/FIN No.:

G2987143X



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



**Accident Photo**



**Accident Photo**



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: S66350020G / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA118/064576 Vehicle Registration No: SKC 44851  
Name (as shown in NRIC) : Xiong Yu Hua NRIC/FIN/Passport No : 86 S8482882C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 3 Grange Garden #05-02 Singapore (249633)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97525680  
Email Address : MNU5406@sina.com  
Date of Accident : 17/05/2018 Time of Accident : 15:10  
Place of Accident : UWC SEA DOVER CAMPUS, 1207 DOVER ROAD S(139654)  
Insurance Company : AXA INSURANCE PTE LTD

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to TP claims.

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\_\_\_\_\_

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\_\_\_\_\_

  
Policyholder / Driver's Signature  
Date: 18/05/18

  
  
Reporting Centre Personnel's Signature  
Name: WONG KHONG SENG, George  
NRIC/FIN No.: G2487143X  
Date: 18/05/18