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	21/05/2018 12:08
Date Of Accident	20/05/2018 07:55
Exact Location Of Accident	JUNCTION OF YISHUN AVE 2/AVE7
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFT6100D
Insured/Policyholder	
Name Of Registered Owner	TAN ENG CHAI
NRIC No	S7072820F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98368670
Alternative Phone No	OFFICE-98368670
Vehicle Particulars	
Manufacturer	BMW
Model	216D
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	NOTAVAIL
Cover Note Number	
Driver	

Name of Driver TAN ENG CHAI
NRIC No S7072820F
Date Of Birth 22/07/1970
Occupation INDOOR
Date Of Driving Pass 14/09/1992

Driving Experience 25 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98368670

Fax Number

Contact Number OFFICE-98368670

EMail Address NOEMAIL

Address 110 WOODLANDS AVE 5 #07-21

Postcode 739015

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

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Insurance Company of Driver's Own Vehicle

-

NO

NO

3

NO

NO

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : THOK LEE KIM

GENDER: : FEMALE

Passenger 2 NAME: : ELTON TAN XUAN THONG

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJT7643A

Vehicle Make/Model/Colour KIA FORTE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SAHEMAH BINTE YUSOPE

NRIC/Passport Number S1590218C Contact Number 87520612

Address

Postcode

Insurance Company Name LONPAC INSURANCE BHD

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLW6931K

Vehicle Make/Model/Colour MITSUBISHI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NALAN S/O NAGARAJA

NRIC/Passport Number S7736404H Contact Number 91363697

Address Postcode

Insurance Company Name

Nature Of Damage FRONT
No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER: :

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)

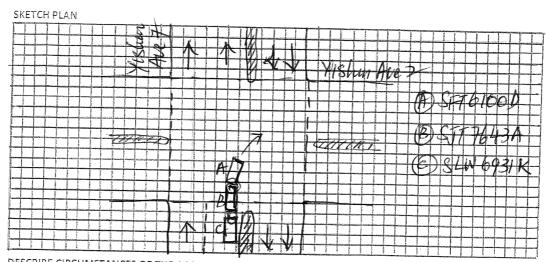
I understand, acknowledge, agree and consent that:

- (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

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

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On 20/05/18, 0758 has at Junction of Yishen Are 2 and)	Vichen
	Junction Ave I my vehicle SFT61001 (A) was stationary at the junction waiting to turn right to Jishin Ave 2.	,,,,,,,,
	at the junction waiting to turn vight to Fishin Ave 2.	
	Vehicle STT 7643 A (B) bit the sen portion of vehicle (A) as a resulf from reliable SLW 693/K (C) bit the reliable (B) from the back, The impact has resulfed damages to reliable (A) (Rear bumper dent in with southers)	
	as a result from velorde SLW 6931K (c) hit the vehicle	
İ	(B) from the back. The impact has resulted damages	
	to vericle (A) (Rear bumper dent in with southers)	
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)	ECLARATION	
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The foregoing particulars are true in every respect.

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

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

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Accident Photo 21. 05. 2018 10:01

