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	25/05/2018 16:01
Date Of Accident	24/05/2018 19:20
Exact Location Of Accident	HOUGANG AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ2030H
Insured/Policyholder	
Name Of Registered Owner	CHONG HUI FONG LYNETTE
NRIC No	S7136799A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96417978
Alternative Phone No	OFFICE-96417978
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ACCENT
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	P1731860
Cover Note Number	
Driver	
Name of Driver	CHONG HUI FONG LYNETTE
NRIC No	S7136799A
Date Of Birth	18/10/1971
Occupation	INDOOR
Date Of Driving Pass	25/06/1990
Driving Experience	27 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96417978
Fax Number	
Contact Number	OFFICE-96417978
EMail Address	NOEMAIL

Address	BLK 668 HOUGANG AVE 8 #03-707
Postcode	530668
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	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?	
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: : UNKNOWN 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

I WAS TRAVELLING ALONG ANG MO KIO AVE 3. I STOPPED AT THE GIVE WAY FOR ON COMING VEHICLE BEFORE I COULD MOVE OUT. I HEARD A BANG AND THE VEHICLE BEHIND ME HIT THE REAR OF MY CAR.

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	SLE2897Y
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	ONG ZHEN RU
NRIC/Passport Number	
Contact Number	88237655
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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

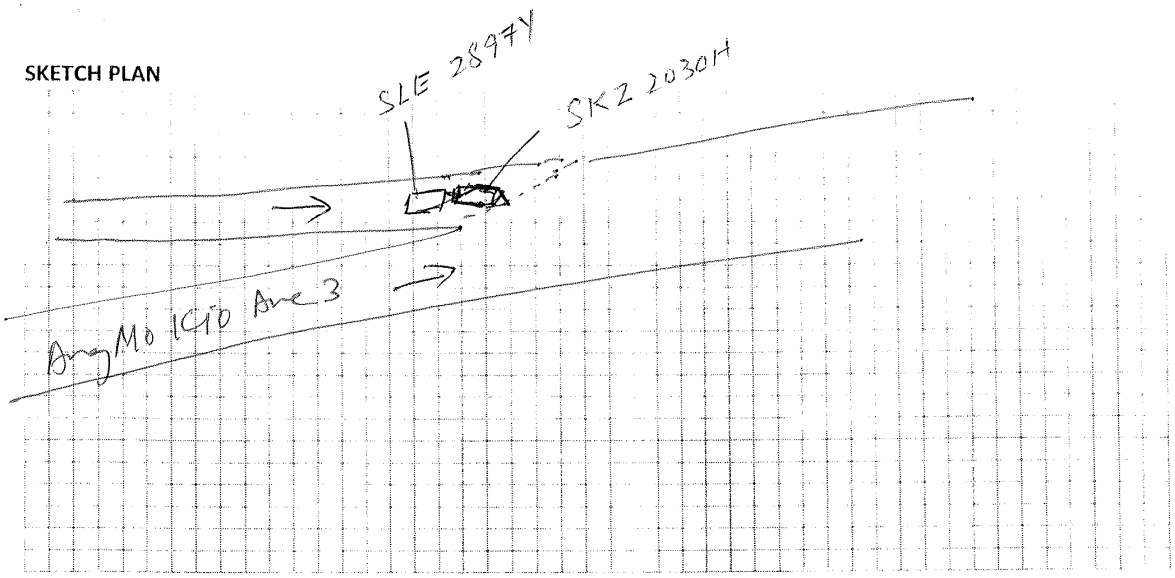
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 25/5/2018 12 pm	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Soc leon

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ang Mo Kio Ave 3. I stopped at the 'give way' for an coming vehicle before I could move out. I heard a bang and the vehicle behind me hit the rear of my car.

DECLARATION

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

Policyholder's Signature Date & Time: 25/5/2018	Driver's Signature (If driver is not the policyholder) Date & Time:	25/5/18 12.20pm Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SME
(AXA)

LETTER OF UNDERTAKING

I/We, CHONG Hui FONG LYNETTE, the owner of vehicle no. SKL 2030 H.

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Cox Leon.

Signed and Acknowledge by:

S7136799A .....
Nric no. and signature of policyholder

X .....
Company Stamp

..... Date

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre 401401
Tel: (65) 6338 7288 Fax: (65) 6338 2522
Website: www.axa.com.sg
GST Registration Number: 199300341M
customer.service@axa.com.sg

Private Cars COMP
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION	Policy No. : VPA/P1731860
Source	: (01) 08260 KOMODO TRADING P/L (HY)
Insured	: CHONG HUI FONG LYNETTE
Address	: BLK 668 HOUGANG AVE 8 #03-707 SINGAPORE 530668
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.
Period of Insurance	: From 14/01/2018 To 13/01/2019 (Both Dates Inclusive) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

PREMIUM

Premium After 50.00% NCD	: SGD 735.63
Safe Driver Disc 8.00%	: SGD 58.85
NCD Protector	: SGD 54.14
GST 7.00%	: SGD 51.16
Annual Premium	: SGD 782.08
Total Payable	: SGD 782.08

RISK DETAILS THE MOTOR VEHICLE

Type Of Cover	: Comprehensive
Regn No.	: SKZ3030H
Type Of Use	: Private Car
Make/Model	: HYUNDAI ACCENT 1.4
Year of Manufacture	: 2015 Seating Capacity (excl. Driver) : 04
Body Type	: SALOON Engine C.C. : 1368
Engine No.	: G4LCFU505460
Chassis No.	: KMHCT51BTGU260381
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)
Limitations as to Use	: As specified in Certificate of Insurance
Hire Purchase	: HL BANK

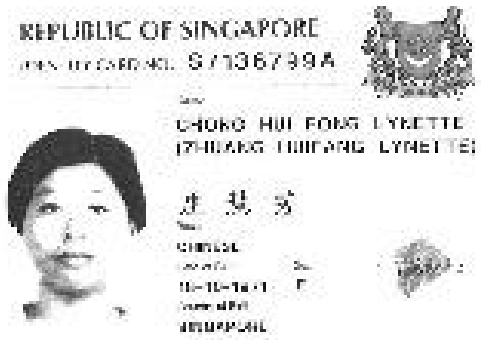
Extra Coverage(Premium Breakdown)	Limits (SGD)	Premium (SGD)
NCD Protector		54.14
Basic Own Damage Excess	: SGD	

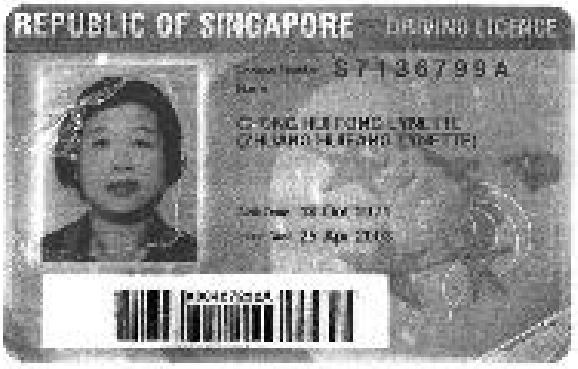
Named Drivers

1 CHONG HUI FONG LYNETTE

Page 1

Identification Card

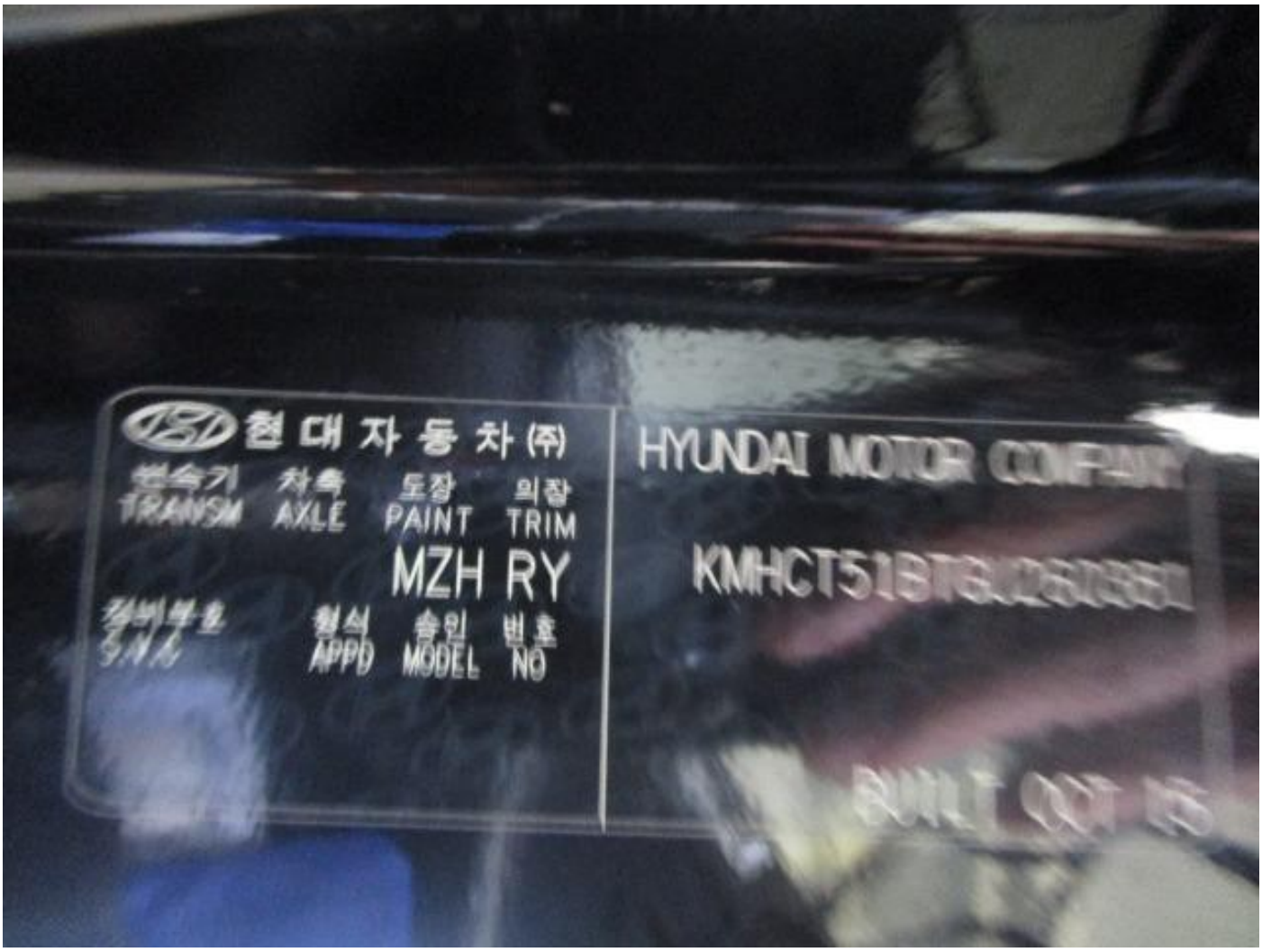




Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo