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	24/05/2018 17:40
Date Of Accident	23/05/2018 22:15
Exact Location Of Accident	PIE INTO CTE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL6616D
Insured/Policyholder	
Name Of Registered Owner	PEH CHYE HENG
NRIC No	S1572000Z
Email Address	DESMONDPEHCH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97329181
Alternative Phone No	OTHERS-97329181
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 3.0 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	GA172752/ 1
Cover Note Number	
Dulyan	

Driver

Name of Driver PEH WEI SIANG
NRIC No S8742694G
Date Of Birth 01/12/1987
Occupation INDOOR
Date Of Driving Pass 16/02/2007

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93372987

Fax Number

Contact Number

EMail Address PEHWEISIANG@GMAIL.COM

Address 66 COWDRAY AVENUE

Postcode 558067

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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 AFTER RAIN

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME: : EVAN PEH

GENDER: : MALE

Passenger 2

NAME: : LI YING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4880999 - **FAX NO**: 64883561

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG PIE TOWARDS CTE AT 23 MAY 2018, TIME 2215HR . I BRAKED ON THE ROAD AND A BMW, SLB3237L CAME CRASHING INTO ME FROM THE BACK. I ALSO HIT A PORSHE, SKB6555K, AT THE BACK.

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 SLB3237L Vehicle Make/Model/Colour BMW

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TANG WEI HONG LIONEL

NRIC/Passport Number S9428782J Contact Number 97291256

Address Postcode

Insurance Company Name TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKB6555K Vehicle Make/Model/Colour PORSHE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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 .
 - 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: 24 5 26

Reporting Centre Personnel's Signature
Name: (Argul Class)

NRIC/FIN No :

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN		
PIE		Brae
>		7
> \\\SLB3237	STREETED JSKB6555K	->0
DESCRIBE CIRCUMSTANCE		
came crashin	ng along PIF toward CTE at braked on the road and a B g into me from the back. I als	MU, SLB3037L
	3 6555K at the back.	
DECLARATION I/We declare the foregoing part	iculars are true in every respect.	N OTE LIO *
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 24 5000 NRIC/FIN No	entre Personnel's Signature Com Closp SP 186 4 77D

Police Report

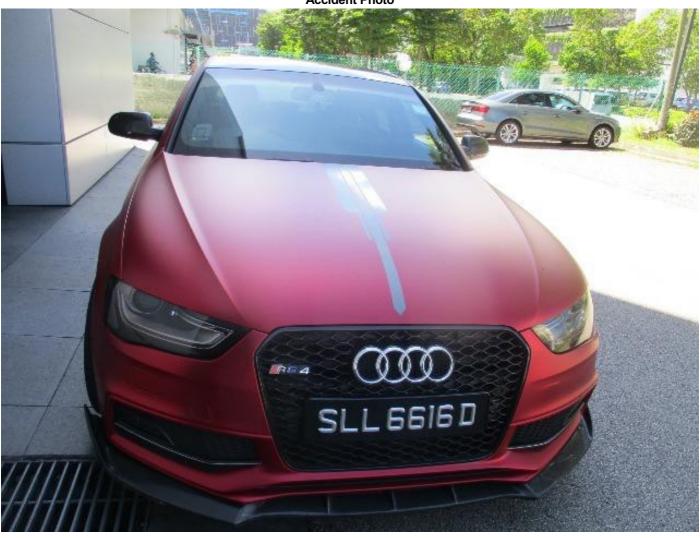
CONFIDENTIAL

Annex II

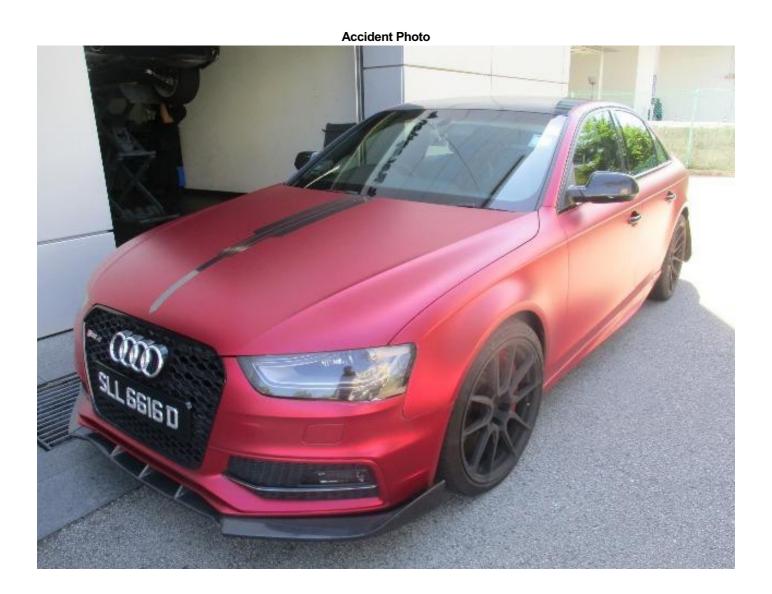
NOTICE OF COMPLIANCE

urania. Kabupatèn	coursed at <u>P.Y.E</u> with	9 CSE
gent o		
330	164, 3.0.18 at	amifori)involving the following vehicles:
	() SLB328.4L	
	2-) SW86.555%	10
	37) GLUGGIGO	
2	If this accident was report	ed to the Police within 24 hours of its operation
55		
<u>\$8.</u>		
\$\frac{1}{2}\$	Rank/Name of Issuing Of	Пови: <u>\$25(10) Том ВилТил</u>
\$\frac{1}{2}\$		
\$	Rank/Name of Issuing Of	Пови: <u>\$25(10) Том ВилТил</u>
\$\frac{1}{40}	Rank/Name of Issuing Of Date: <u>28 May 2216</u> S/D Ref. <u>5-2</u>	Пови: <u>\$25(10) Том ВилТил</u>
	Rank/Name of Issuing Of Date: <u>28 May 2216</u> S/D Ref. <u>5-2</u>	Повт: <u>\$29(15) Том ВисТип</u> Пуве: <u>10-10 реч</u>
	Rank/Name of Issuing Of Date: 28 May 2-36 S/D Ref: 3-2 Police Post/Unit: 88	Tigat: 10-10-pen Tonggo PPC Suppose NPC

Vectors, as of the limit 3002



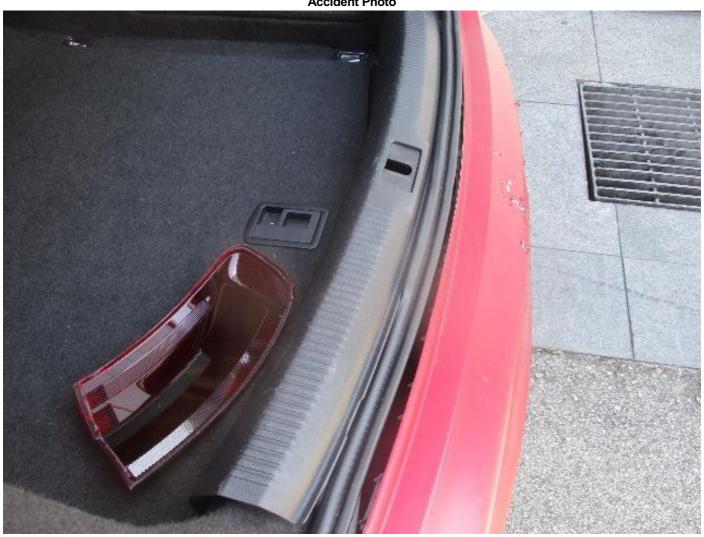




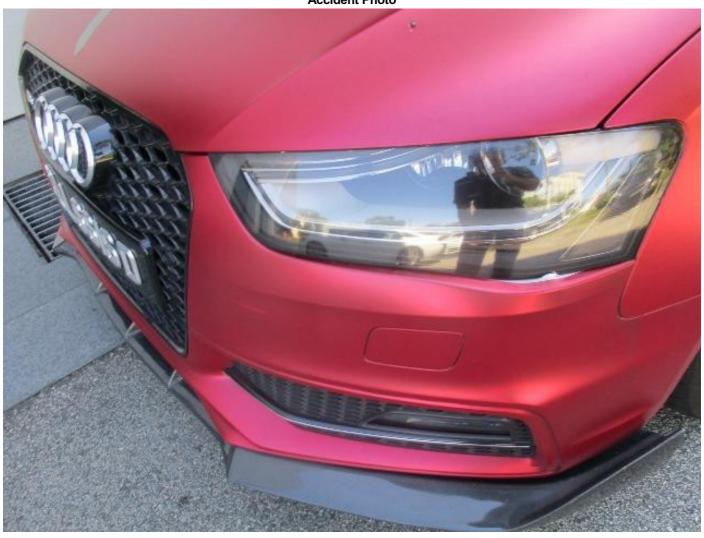


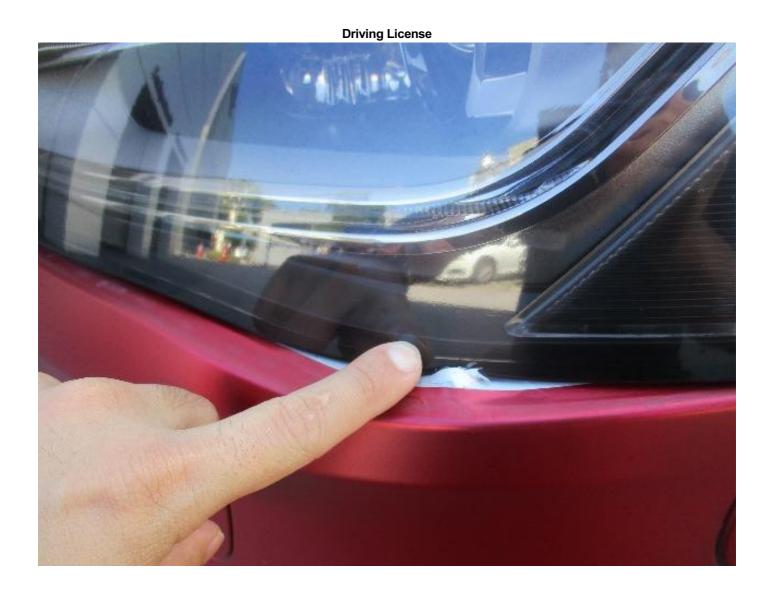




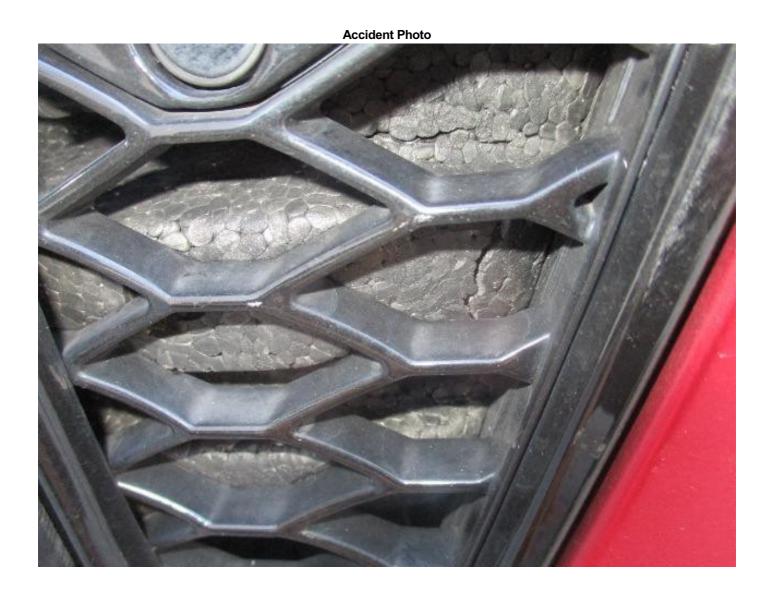


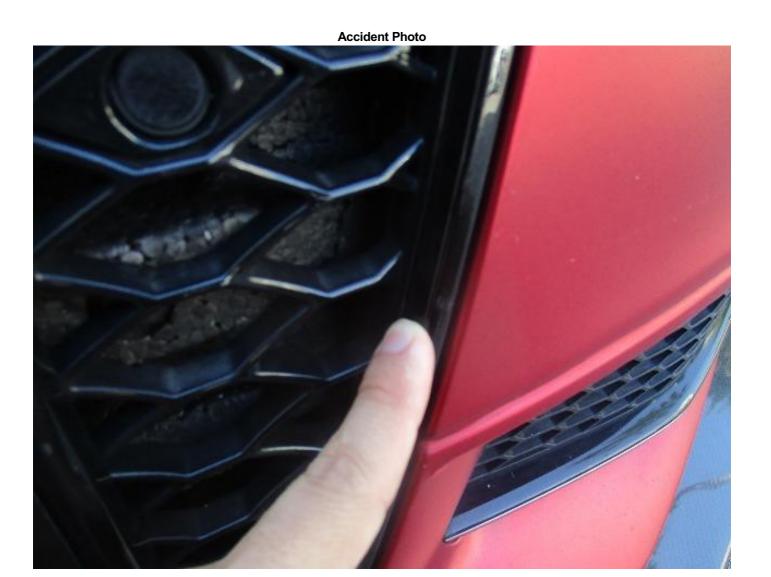






















Addendum Sheet



Date:

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: 566550200 / 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: Original Report No: MPA 118067793 - 01 Vehicle Registration No: SLL 6616D Name(as shownin NRIC): PEH CHYE HENG NRIC/FIN/Passport No : \$15720002 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Mobile No.: Contact (Tel) **Email Address** Date of Accident : 23/05/2018 __Time of Accident: ____22:15 Place of Accident : PE INTO CTE 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: To ammend insured procto: 51572 6002 Policyholder / Driver's Signature Reporting Centre Rersonnel's Signature

Name:

Date:

NRIC/FINNO .: MAS