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

	ACCIDENT STATEMENT
Date Of Report	25/05/2018 13:39
Date Of Accident	24/05/2018 14:45
Exact Location Of Accident	UPPER CHANGI RD TO CHANGI AIRPORT.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH434J
Insured/Policyholder	
Name Of Registered Owner	QUEK BOON SENG
NRIC No	S0048374E
Email Address	QUEK@RITZFABRICS.COM
Mobile Phone No	(LOCAL) +65-98170063
Alternative Phone No	OFFICE-98170063
Vehicle Particulars	
Manufacturer	MASERATI
Model	QUATTROPORTE SPORT GT S
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	P1319404
Cover Note Number	
Driver	

Driver

QUEK BOON SENG Name of Driver NRIC No S0048374E Date Of Birth 08/09/1953 Occupation **INDOOR** Date Of Driving Pass 30/03/1971

47 YEARS AND 1 MONTH **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-98170063

Fax Number

Contact Number OFFICE-98170063

EMail Address QUEK@RITZFABRICS.COM

33 JALAN ANGIN LAUT Address

Postcode 489233 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 - CHANGE/CROSS LANE

Weather Conditions **CLEAR** Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

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) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

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

VEHICLE B FROM RIGHT LANE SUDDENLY CUT INTO MY LANE AND HIT ONTO MY VEHICLE.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW5679U

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 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:

- 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)
 - (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
 - h requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

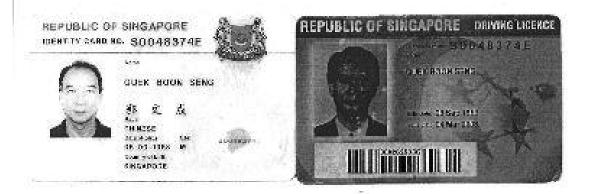
Accident Sketch Plan Pg. 1

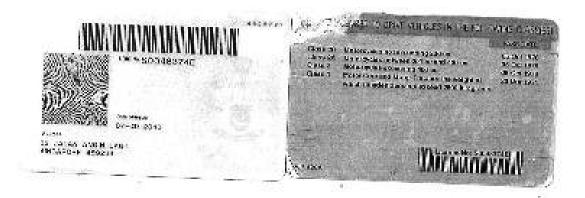
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DECLARATION	
I/We declare the foregoing particulars are true in every respect.	
7 11/1/17	
Policyholde Signature Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: (If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:
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LETTER OF UNDERTAKING

I/We,	Quer	Boon	Seng		, the ov	vner of vehic	le no. SKH (1347
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Му/О	ur Third P	arty claii	n is handle	e by my	//our preferred w	orkshop,	UNKNOWN	•
Signe	d and Ack	nowledge	e by:)					
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Identification Card





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AXA INSURANCE PROLITO d Singulon Way, 404-01. AXA Tower, Singapore 058611. AAA Terver, brigggere beschil Customer Bender Centre (Br. 61 Tel.(60):5887285 - Fox (60):0002577 Webs letwere aud ontrike GGT Registration Number: 1989400129 о лекстителет и пофравацион в да



CERTIFICATE OF INSURANCE

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CERTIFICATE NO.

. VPX/P1319404

Account No. : 04135

Coverage.

: Comprehensive

Stari meanwell

+ non 180,000.00

Name of Folloy Eclier

: GUER BOOK SENC

Vahicle Registration No. : SENG340

Ferica of Insurance

. From 30/12/2017 to 29/12/2018 (Bath Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITIED TO DELVE-

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S. GEEK WALE KIN

They shall the person driving to permitted in commutate with the licensing or other laws or populations to drive the Ester Mentale or has been so permitted and is not disqualified by order of a loud of law or by reason of any enablems or regulation in that behalf first driving the Motor Mehicle.

ATMITATIONS AS TO DEEM

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1915

EXCESS V

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Kindscreen Excess

| SGD 2,000.00

* Minitudians temperated inegerative by describe 8 of the Metter Vehicles Pflate Party Risks and Composition. Act. (Chapter 18), and Describe 85 of the Scott Transport Act, 1907 (Palaysia), are not to be included index inches these deadings.

I/As belowy carrier that the policy to which this Certificate relates is respect in accordance with the populations of the Motor Vanicias (Third Sarty Risks and Corporasition) Act, (Chapter 165) and Vary IV d the food Transport Acc. 1987 (Katayata).

AXA INCURANCE PTS LTD

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Authorized Signature

Insued $V_{\mathcal{S}} = 8400 \, \mathrm{mas} \, 2 = 12/12/2017$

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Accident Photo



Accident Photo





