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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/06/2018 18:37
Date Of Accident	14/06/2018 15:30
Exact Location Of Accident	ALONG NORTH POINT CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS5301T
Insured/Policyholder	
Name Of Registered Owner	JENNY LIM MUI CHYE
NRIC No	S0129405I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91098702
Alternative Phone No	OFFICE-91098702
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at	PRIVATE USED

time of accident

PRIVATE USED

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

AXA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number VPA/P2078364

Cover Note Number

Driver

Name of Driver JENNY LIM MUI CHYE

NRIC No S0129405I Date Of Birth 17/01/1953 Occupation INDOOR **Date Of Driving Pass** 22/03/1977

Driving Experience 41 YEARS AND 2 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91098702

Fax Number

OFFICE-91098702 Contact Number

EMail Address NOEMAIL

NIL Address

Postcode

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 **COLLIDED INTO PARKED VEHICLE**

Weather Conditions **CLEAR** DRY Road Surface

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 YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

0 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

PLEASE REFER TO STATEMENT

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLR3097P**

Vehicle Make/Model/Colour

Details Of Properties

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

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	THE FLORE CO.	
	A B	
DESCRIBE CIRCUMSTANCES	AND RECORD OF THE CAMPAIN AND CONTRACT OF THE	1 1 1 1
realising the	can powk, wrong for	of drive too close without
7	, 4	
DECLARATION		
/We declare the foregoing partici	ulars are true in every respect.	Lither
	Production -	Jan J.
olicyholder's Signature Date & Time: 14/6/18	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Sentre Personnel's Signature Name: NRIC/FIN No.:

NRIC/FIN No.:

Date & Time:

Common Statement

Owner |

							O Driv	ver
ACCIDENT STATEME	NT							
Date of Accident	Time	Location of	Accident					
1466/18	3.30 pm			Ca	na la			
(Hob)	3.70 0101	Norte	POINT	ca	, penie			
INSURED/ POLICY HOL	DER (VEHICLE A)					0.0		
Vehicle Registration Num	iber			S	35301			
Name of Policyholder		JEN	MY CI	M	My CH	4/E	,	
NRIC/FIN/Passport/RO	C (if Policyholder is company)		150	126	MUL CH	1.	-	4.00
Address		B1/C 820			STREET 8	5 1-	#12-65	6676082
Contact Number		Tel	1000		Hp: 910	98	702	
Occupation			14001	DR				
VEHICLE PARTICULAR	S (VEHICLE A)							
Vehicle Make / Model		~ 7	64074					
Type of Vehicle		Saloon MP	V CRV V	in Lo	rry, Bus M/cycle	o, Oth	ners:	
Exact Purpose for which	vehicle was being used	Do -	000.00	400				
at the time of accident.		PRIVA	172451	-				
Are you claiming under yo	our own insurance policy?	OY	es	0	No Ren	narks		
Vehicle category		⊕ P	rivate	0	Commercial	0	Motorcyc	ie
INSURANCE COMPANY	(VEHICLE A)						and the state of the last	
Name of Insurance Comp	4			AD	CA			
Type of Policy		& Com	prehensive	0	TP Fire & Thef	0	Third part	Y
Fleet Policy		OY	es .	0	No			
Policy Number			1	YPA	P207836	54.		
DRIVER		SI A STATE OF				/4.85	10000	WEEK.
Name of Driver		2						
NRIC/FIN/ Passport		=						
Date of Birth		17	-01-1	95	3			
Occupation		1	MPOD	K	-			
Driving Pass Date			NP 00	-	977			
Gender			fale	3	Female			
Contact Number		Tel			HD 91099	370	2	
Address		RIIC820	YISHUM	STE	HD 91099	2-6	56157	60820)
Email Address							6.	
Was driver an employee of	of the Insured's Company?	O Y	es.	0	No			
If No. relationship of Drive		Ď.	WHIER					
Vehicle Number of Driver	's Own Vehicle (if applicable)							
Insurance of Driver's Own	Vehicle (if applicable)							
GENERAL INFORMATIO	N OF THE ACCIDENT	5 8 6 6 6 6						
	ain Collision/ Head-On, etc)							
Weather Conditions		000	lear	0	Raining	0	Others	
Road Surface		The second second second	Vet	0	Dry	0	Others	
Damage Area					200			10.00
OTHER INFORMATION							0	pars.
Was there any foreign vel	hicle(s) involved?	O N	io :	0	Yes			
Was anybody injured in th		and the second	10	0	Yes			
Was any other vehicle(s)		-	lo	0	Yes			
Was there any camera vid	Section Control of Section 1997 A 199	O'N		0	Yes			
DETAILS OF POLICE AC								
Was the accident reporter		O N	lo	0	Yes			
	police station & Report No.							
Was notice of intended Pr		O N	lo .	0	Yes			
If Yes, against whom?								
The state of the s								

jenny_Imc @ hotmail. con

Common Statement

OWN VEHICLE REGISTRATION NUMBER					
DETAILS OF OTHER VEHICLES OR PROPERTY DA	MAGED				
Other Vehicle or Property 1 (VEHICLE B)					
Vehicle Registration Number		BLR:	3097	9	
Vehicle Make/ Model/ Colour					
Details of Properties (If Other Party is not a Vehicle)					
Damage Area					
Name of Driver					
NRIC/ FIN/ Passport					
Contact Number / Email Address					
Address					
Name of Insurance Company					
Other Vehicle or Property 2	3050				
Vehicle Registration Number					
Vehicle Make/ Model/ Colour					
Details of Properties (If Other Party is not a Vehicle)					
Damage Area					
Name of Driver					
NRIC/FIN/ Passport					
Contact Number / Email Address					
Address					
Name of Insurance Company					
					SPECIFIC SERVE
DETAILS OF WITNESS					
Name					
Phone / Email Address					
Address					
NRIC/ FIN/ Passport					
DETAILS OF INJURED PERSON 1					
Name					
NRIC/ FIN/ Passport					
Address					
Approximate Age					
Injuries Sustained					
If Vehicle Occupants, state in which vehicle?					
Were Seat Belts Worn?	0	Yes	0	No	
Was Injured conveyed to hospital by ambulance?	0	Yes	0	No	
DETAILS OF INJURED PERSON 2					
Name					
NRIC/FIN/ Passport					
Address					
Approximate Age					
Injuries Sustained					
If Vehicle Occupants, state in which vehicle?					
Were Seat Belts Worn?	0	Yes	0	No	
Was Injured conveyed to Hospital by Ambulance?	0	Yes	0	No	
The representation to the service of the service of		165		140	
Declaration					
We declare that the above particulars & information provide:	d alterior a	no Amon in a	and the second	nut.	
Tive deciare that the above particulars a information provide	o acove a	e mue ma	every and	ect	
- 6AD -					
Date & Torre					
Date 8 Time					
Signature of Policy Holder					
(Company Chop if applicable)					
Date & Time					
Signature of Driver / Date & Time					
(If Driver is not the Policy Holder)					

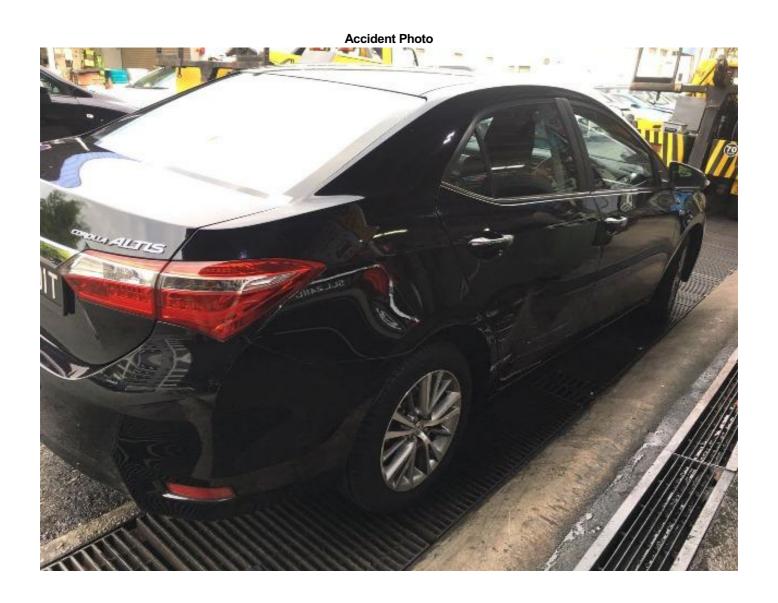


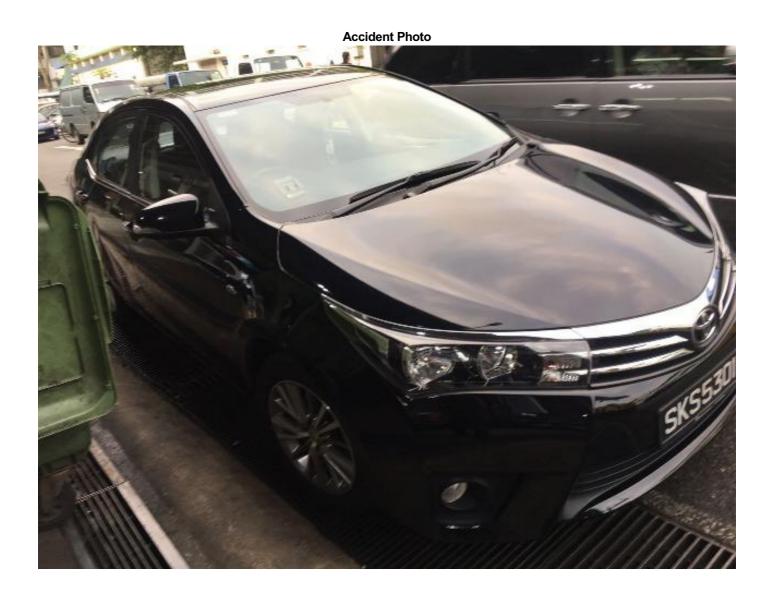
Accident Photo

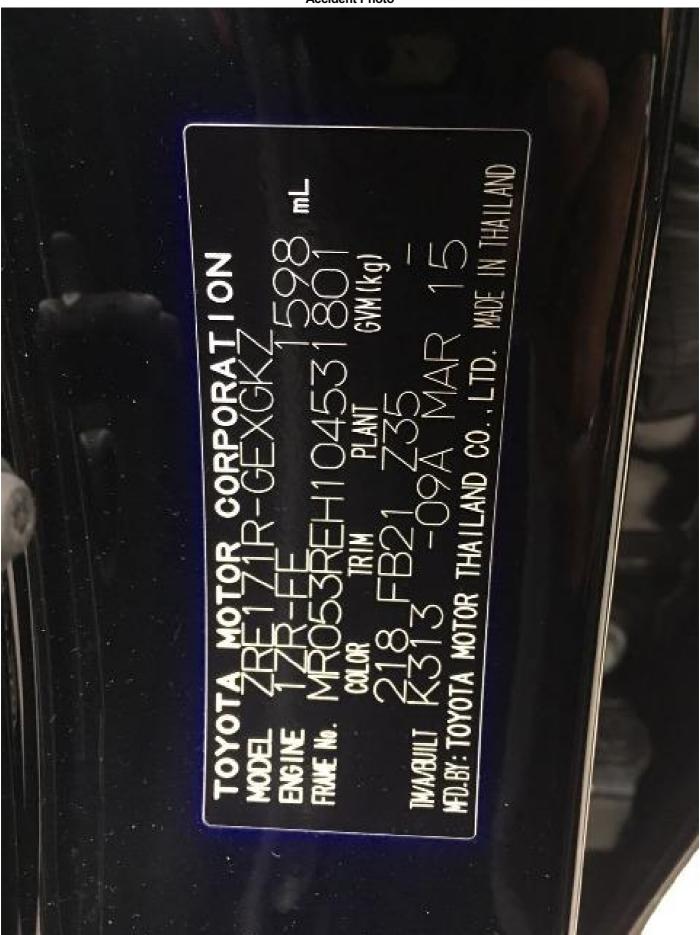


Accident Photo









Accident Photo



INSURANCE



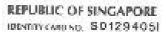
axa from

500000	where of wehicle Number <u>SIG 58017</u>
The fo	aloning has been advance to one one one was stop. BH AMO WAY bearings the materials
Please	click the applicable box if you had been stone on the content as seen below:
FJ	You had been advised by the workshop that in the case that you wish to plaim against your own policy. There is a Fourteen (14) days clause whereby the claim must be made within the stipulated timelrame from the day of occurrence.
1	not had been advised by the workshop on the hability and ments of the case accordingly.
ŧ.	You had been advised by the workshop on the claim; procedure for the type of claim that you will be making due to the accident.
()	There will be deby to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to income it from everyone.
1 1	There will be no cancellotion/withdrawal of the Dwin Damage claim once the order of the space parts have been placed. If you wish to careel/withdraw the claim, you shall bear all costs, expenses 6/or related charges incurred directly 6/or indirectly to the procurement of the space parts.
1	The estimated warring time for the space parts to projects
1	You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the solider may not be road worthy
188	For vehicles below Three (3) years of c, your transmic Company with use only genuine original parts to repair your vehicle.
	for various above there (5) wears of a your insurance Company will be carrying our repair using only combination of genuine original panel and/or original equipment in analysis and actions (Ot V) parts.
E c	row had been advised by the wickshop of the fundom (\$2) months warranty for $\underline{C_{wh}}$ Damage reprinces workmarship related to the accident
130.1	For versure that are under warranty with a local distributor, you have been advised by the workshop to check with your local advisories on was effect to your variety prior to cashing this Dwn Daviage claim.
	Time: Reporting only @ KH ALHO WORLDOP
المستعملين	Others Paper 2 Contrary

Pens are agreed to have personnel metaling company states

Driving License









JEMNY LIM MUL CHYE

林美朋 Chi Missey

Contractor SHSAPORE





AND ARE LICENSED TO DRIVE VEHICLES IN THE POLLOWING CLASSIES!

Profesquent

Maker Cars and Maker Tractions for weight of \$2 Mar 1977 in thick unleaded does not exceed \$500 Millingrams.

STIFFER

SENSON.



eur. 50129405#

New York | Other Assess.

19-45-1600s

APP MEK 620 MEHAN KYREET 61 943-656 STEARTER T60923

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

		MUUM	
(A)	PARTICULARS OF PERSON MA	KING THE AMENDMENTS:	
Original Report No :	MBH4 18-77-416-01	Vehicle Registration No :	J1 5 ET 832
lame(as shown in NRIC):	Denny Low -		
NRIC/Passport No :	SODA FOST	wner) (*) Please delete as app	ropriate
Address : Contact (Tel) :		(H/P):	20488018
(Email) :		1077.	
Date of Accident :	4/0/08	Time of Accident :	08:21
Place of Accident :	worth found a	in parte.	
Insurance Company:	AKA .		
ave made a report on the following amendments:		d would like to include addition	
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ave made a report on the following amendments:	four Reporting	d would like to include addition	

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm