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	30/06/2018 13:04
Date Of Accident	29/06/2018 17:05
Exact Location Of Accident	ALONG TOH TUCK FLYOVER SLIP ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP2677H
Insured/Policyholder	
Name Of Registered Owner	ONG HWEE PENG PENNY
NRIC No	S1369354D
Email Address	CK@NANOSTAR.SG
Mobile Phone No	(LOCAL) +65-97640707
Alternative Phone No	OFFICE-97640707
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90-2.5 T (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA21224D/1
Cover Note Number	31/05/2017-08/09/2018
Driver	
Name of Driver	ONG CHER KEONG
NRIC No	S1216876D
Date Of Birth	11/03/1956
Occupation	INDOOR
Date Of Driving Pass	06/05/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97640707
Fax Number	
Contact Number	
EMail Address	CK@NANOSTAR.SG

Address	BLK 208 CHOA CHU KANG CENTRAL 04-70
Postcode	680208
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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)	1

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

REFER TO THE SKETCH PLAN

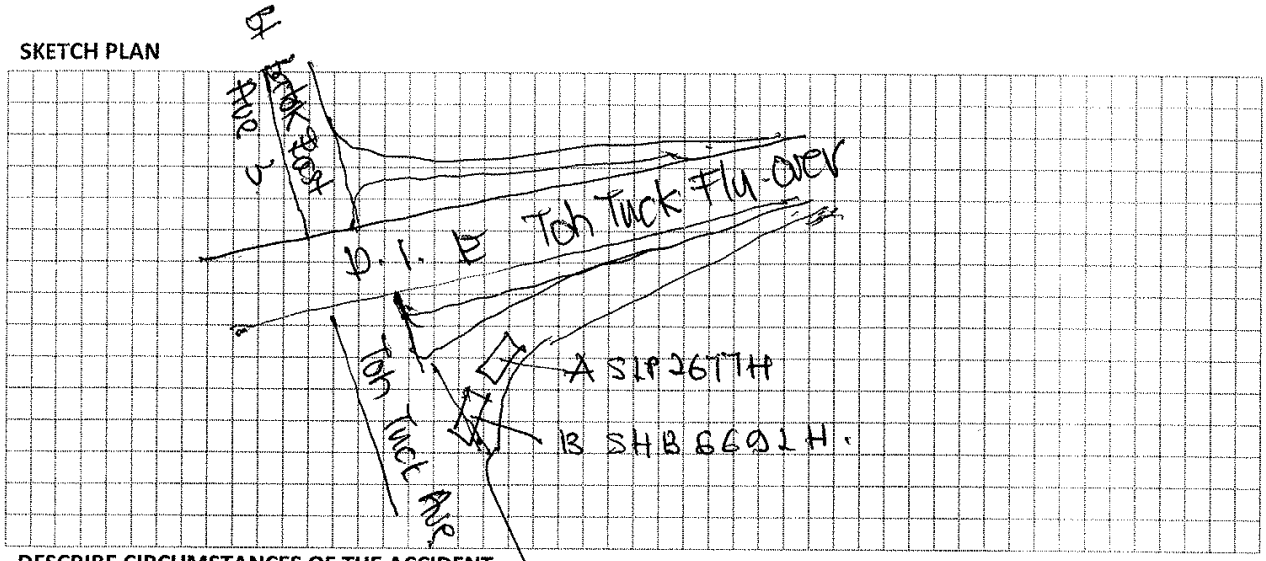
Attachment(s)

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	SHB6692H
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SONG DAVID
NRIC/Passport Number	
Contact Number	92395273
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 5.05pm on 29.06.2018, I was driving towards Toh Tuck Ave in vehicle SLP2677H (A) in front of me was vehicle SHB 6691H. Both of us were moving slowly down the Toh Tuck Flyover, and we were ~~slowing down~~ slowly stopping @ the junction of Toh Tuck Ave & the slip road.

Upon seeing no vehicle, vehicle (B) moved off the slip road towards Toh Tuck Road. I too upon seeing no vehicle, move on.

Vehicle (B) was clearing out of the slip way when he step on the brake, I immediately jam my brake, but as we were just moving out. I could not stop on time

I bang into his rear., & his vehicle was hit @ the rear bumper. We both sustain no injury., and very little dents & slight damage

Important: You have been advised by the workshop that in the event that you wish to claim against your own policy **(OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- Claim TP
		- **Claim OD/ TP at other workshop**

DECLARATION

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

Policyholder's signature Date & Time	Driver's Signature (if driver not the policyholder) Date & Time	Reporting Centre Personnel's Signature Name: Kenneth Nric/Fin No.

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

To whom It may Concern:

LETTER OF AUTHORISATION
[ACCIDENT REPORTS SLP 2677 H & SHB 6692 H]

I Ong Hwee Peng, Penny, NRIC No S1369354 hereby authorize Ong Cher Keong S1216876D to submit an accident report on 29.06.2018.

I am the owner of vehicle number SLP 2677 H. We are not claiming against our insurance for our own damage, but the other party may claim against us, or I may claim on the other party.

Dated this Day 29.06.2018

Penny Ong Hwee Peng
Signed as a Correct Record

AXA **redefining / insurance**

Date: 30/06/2017

To: Owner of Vehicle Number: SLP 2677N

The following has been advised to you via your workshop, GTMOZ GROUP LTD through their staff, _____.

Please tick the applicable box if you had been advice on the content as seen below:

(✓) You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

(✓) You had been advised by the workshop on the liability and merits of the case accordingly.

(✓) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.

( ) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.

( ) There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.

( ) The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.

( ) You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.

( ) For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using ***any combination*** of genuine original parts and/or original equipment manufacturer (OEM) parts.

( ) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

( ) For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

( ) Others _____

Signed and acknowledge by:

_____

Name and signature of policyholder/authorised driver

Kenneth

_____

Name and signature of workshop personnel including company stamp

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Driving License

Driving License