

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 withholding 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	02/07/2018 15:30
Date Of Accident	30/06/2018 09:45
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP48L
Insured/Policyholder	
Name Of Registered Owner	RAINBOW MINERALS PTE LTD
Co Reg No	200406253R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98559933
Alternative Phone No	OFFICE-62221181

Vehicle Particulars

Manufacturer	BMW
Model	X6 XDRIVE35I SR LED NAV HUD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	GA190251/1
Cover Note Number	

Driver

Name of Driver	TO SHONG
NRIC No	S6961063C
Date Of Birth	28/12/1969
Occupation	INDOOR
Date Of Driving Pass	25/06/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98559933
Fax Number	
Contact Number	
Email Address	TOSHONG@YAHOO.COM

Address	7 TREASURE ISLAND - SENTOSA
Postcode	098335
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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 SKETCH

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	SKV8720G
Vehicle Make/Model/Colour	WHITE PORSCHE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY KIAT HWEE DOUGLAS
NRIC/Passport Number	S7935761H
Contact Number	97470771
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ3719Z
Vehicle Make/Model/Colour	BLACK TOYOTA VELLFIRE

Details Of Properties

Vehicle Category	PRIVATE HIRE
Name of Driver	ZAHID BIN ISMAIL
NRIC/Passport Number	S7342607C
Contact Number	98502853
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLP6157R
Vehicle Make/Model/Colour	BLACK TOYOTA VELLFIRE
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)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKS9576R
Vehicle Make/Model/Colour	SLIVER MERCEDES BENZ
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

IMPORTANT NOTICE

VEHICLE NO: SLP48 L
ACCIDENT DATE: 30/6/18

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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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.



Policyholder's Signature
Date & Time:

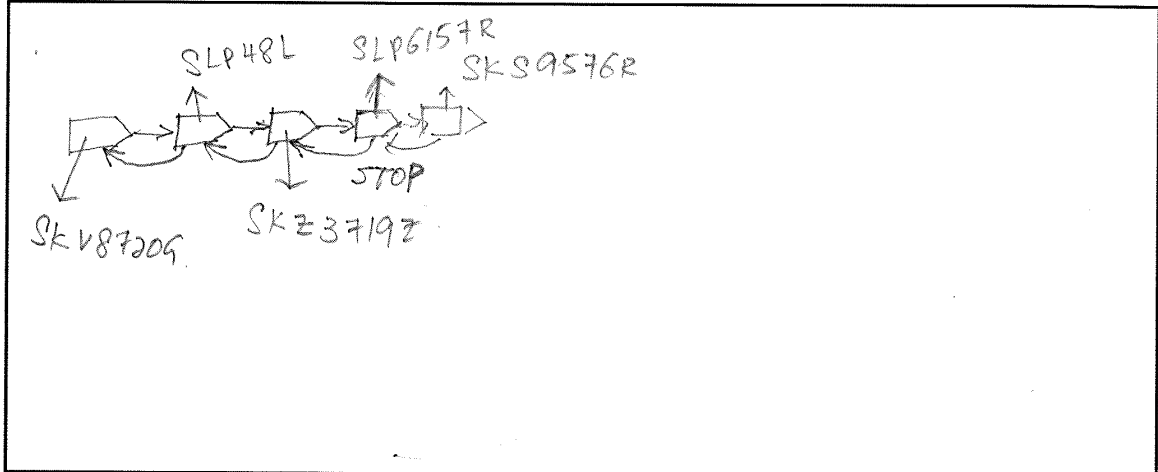
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
JUL. 02. 2018

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach statement.

OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONLY () OWN WORKSHOP ()

DECLARATION

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

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:



JUL. 02. 2018

CHARN'S CUSTOMCRAFT
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Handwritten signature of Charn's Customcraft personnel.

2nd July 2018

Accident Statement

Owner: Rainbow Minerals Pte Ltd
Registration No.: 200406253R

Driver: TO Shong
ID No.: S6961063C

Vehicle No.: SLP48L
Model: BMW X6 XDRIVE35I SR LED NAV HUD

Insurance Co.: AXA Insurance Pte Ltd
Type: Comprehensive

Date of Accident: 30th June 2018
Time: 21:46 PM
Location: PIE towards Changi Airport after Paya Lebar

I was driving on PIE Lane 1 heading towards Changi International Airport just after Paya Lebar.

The driver in the front vehicle make a sudden emergency brake and I do not have time to react.

At the same time, the rear vehicle also rammed onto the rear end of my vehicle.


JUL. 2. 2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S6961063C**

Name: **TO SHONG**

Date of Birth: **28 Dec 1969**

Issue Date: **12 Dec 2008**

001687304B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6961063C**



Name

TO SHONG

陶 爽

Race
CHINESE

Date of birth
28-12-1969

Sex
F

S6961063C

Country of birth
CHINA

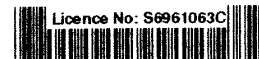
No. 8 Eu Tong Sen St
#15-84, The Central
(S) 059818.

toshong@yahoo.com

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 25 Jun 2003



NP 428A

3954420



NRIC No. **S6961063C**



Date of issue
03-11-2006

7 TREASURE ISLAND - SENTOSA
SINGAPORE 098335

NRIC No: **S6961063C**

Date: **28/11/2011**

No: **6919567**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



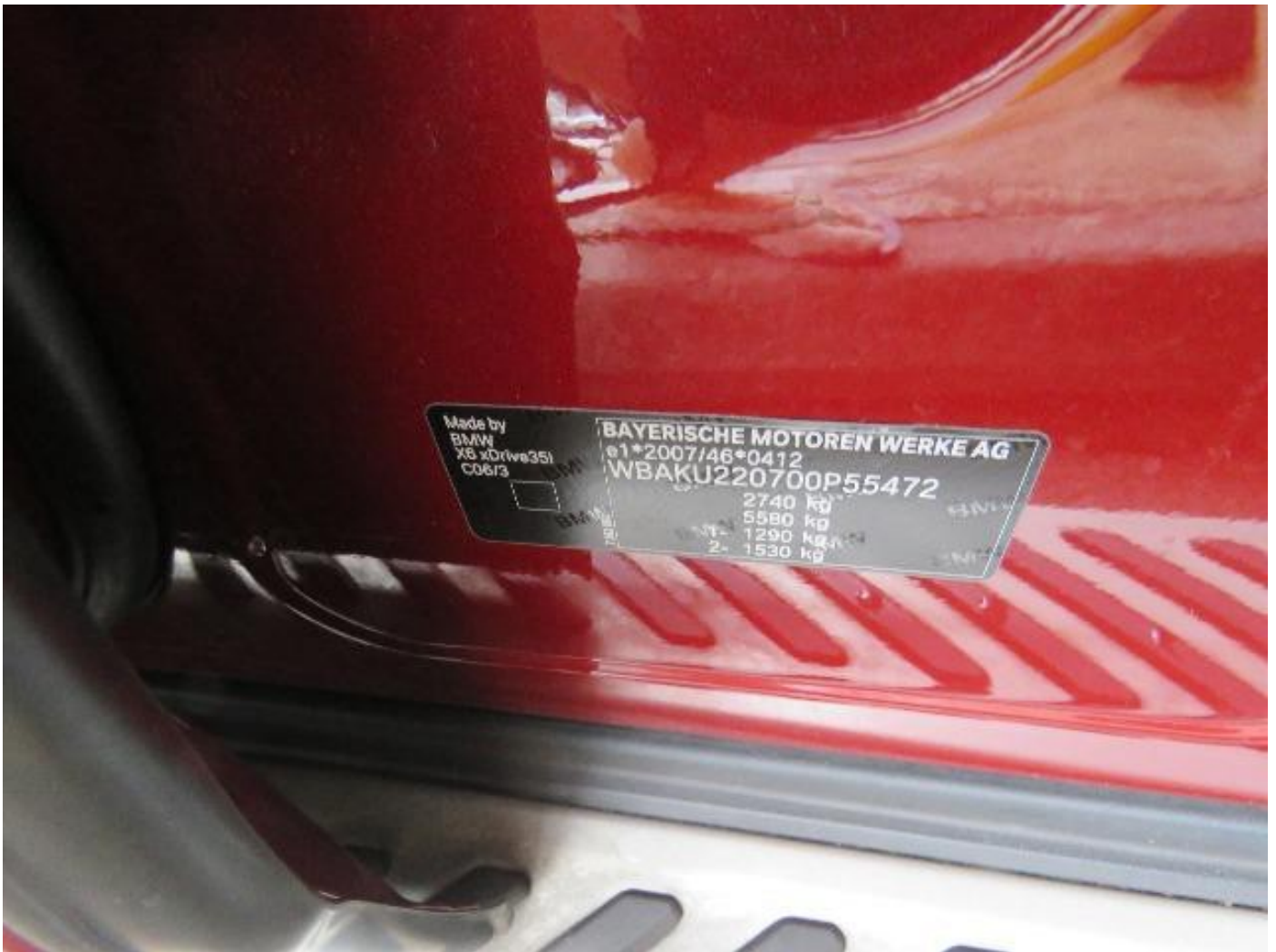
Accident Photo



Accident Photo



Accident Photo



Accident Photo

