## 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/07/2018 14:09
Date Of Accident	13/07/2018 17:30
Exact Location Of Accident	CAUSEWAY TOWARDS SINGAPORE.
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL7333M
Insured/Policyholder	
Name Of Registered Owner	NAH PENG MENG
NRIC No	S1547963I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96802802
Alternative Phone No	OFFICE-96802802
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

**Insurance Company** 

AXA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number GA293269

Cover Note Number

**Driver** 

Name of Driver **CHAN HWA YIU** NRIC No S7487693E Date Of Birth 24/12/1974 Occupation INDOOR 02/07/2009 **Date Of Driving Pass** 

**Driving Experience** 9 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97805316

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address BLK 451B SENGKANG WEST WAY #13-373

Postcode 792451

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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? YE

Foreign Vehicle Registration Number JMR8768 (PRIVATE CAR)

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver) 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

ON 13/07/2018 @530PM WAS DRIVING ALONG CAUSEWAY TOWARDS SINGAPORE THE TRAFFIC WAS HEAVY AND THE CAR IN FRONT STOP I ALSO STOP AND SUDDENLY I FELT AND HUGE IMPACT FROM MY BACK AND THIS CAR NO SLC2691J HIT ME FROM BEHIND AND DUE TO THIS, MY CAR WAS MOVE FORWARD AND HIT JMR8768. I MAKING THIS REPORT TO CLAIM INSURANCE.

## 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 SLC2691J

Vehicle Make/Model/Colour

Details Of Properties VEH B

Vehicle Category PRIVATE CAR
Name of Driver NG WEI SHING
NRIC/Passport Number S7702977Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number JMR8768

Vehicle Make/Model/Colour

Details Of Properties VEH C

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 INJURED PERSON 1**

Name CHAN HWA YIU

Approximate Age Injuries Sustain

Injured person in which vehicle? SLL7333M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

### 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:

- (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:
  - 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.:

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SKETCH PLAN	somethorness	Siggore	and the same of th
1AD 811333*			
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and Mit JMK 81	08 1 2000217	this isbort t	СССРС
Insurance			
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DECLARATION	to true in every respect		
I/We declare the foregoing particulars at	A I		
* chi	pul		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel	s Signature

(If driver is not the policyholder)

Date & Time:

Date & Time:

e on a secondarion vi

Name:

NRIC/FIN No.:

Page 5 of 16

# LETTER OF UNDERTAKING

I/We, Nah Peng Meng	, the owner of vehicle	10. SLL 7333M
My/Our Insurance is under M/s AXA Insu to claim under my/our Policy or against th claim to M/s AXA Insurance Singapore Pto	e Third Party and if the fo e Ltd with all relevant fact	rmer shall submit such :
14(fourteen) days of occurrence or d	iscovery of damage.	•
My/Our Third Party claim is handle by my/or	ur preferred workshop,	paotom drot
•		,
Signed and Acknowledge by:		-
•		•
		<b>₩</b>
		14/7/18
Nric no. and signature of policyholder	Company Stamp	Date
•		<b>:</b>



# redefining / insurance

NAH PENG MENG 8518 SENGAANG WEST WAY #13.373 SWARPORE 792461

**Policy Schedule** 

Your SmartDrive Comprehensive Flexi

AVA Instance on Pto List

2 1008 858 4886 (Witter Displayer) (40, 6880 4889 (Witter Street) - (88) 6880 4746

Si cotomotowolina comp

WWW. CALLON D. S.C.

hore business.

date. \$2/35/2017

your servicing distribution I CANE GENERAL INSURANCE AGENCY / 85128

year servicing distributor contact \$749,5565

## Your policy snapshot

Policyholder name

MAI

NAM PENG MENG

Potcy namber : SIN / MRIC 941 / GA293381 515479830

Dover Period of lenorance Comprehensive BM / MRIC hpm 25/11/2617 to 24/11/2618 (both decomposition) via

### Premium breakdown

Green Premium when 20% NSD. Trical Discounts 7% GST. Real Premium. \$30 1,182.45 \$60 1,22.53 \$60 74.10 \$60 1,134.11

## Your benefits highlights

prefer to Policy Warding for full terms and conditions.

### SmartDove Comprehender Flow Benefits

- 26/7 Sowing & Transportation to Stripspers of Gyeroten
- Boydyceyn Rapus event with Discuss OR Requeryour employees all your performance of all \$500 cash (response of the States)
- Loss of Crossage.
- Legal Review
- Workshop of Your Chapter
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### Vehicle details

Make & Model of Volicle Validae registration earsher

Body type: Seating capabity sext drivers Off-Peak car

58L0011 6 (6) hear of manufacture.

Type of Dasi Logins capacity (C.E.) Engine puroter Chassis number 2036 Pitoriciusé

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HONDA VEZEL LIE

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### Drivers details

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## **Identification Card**









### **Driving License**

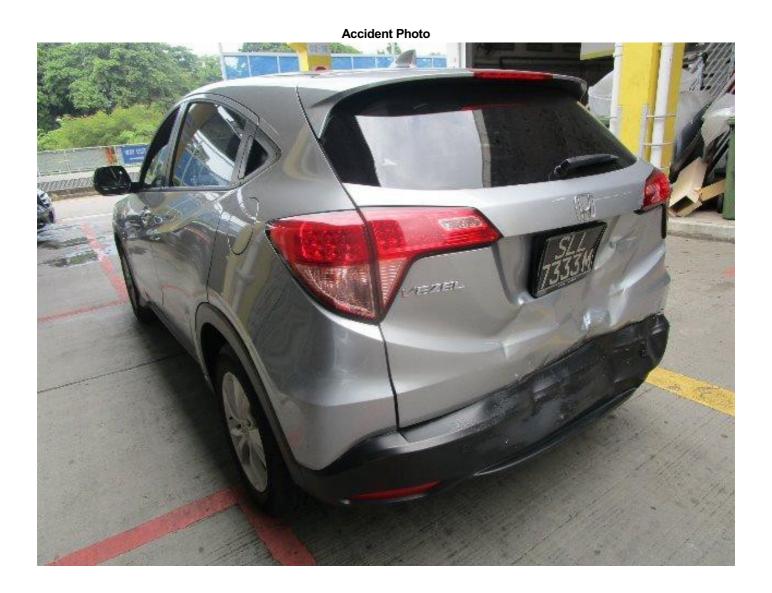


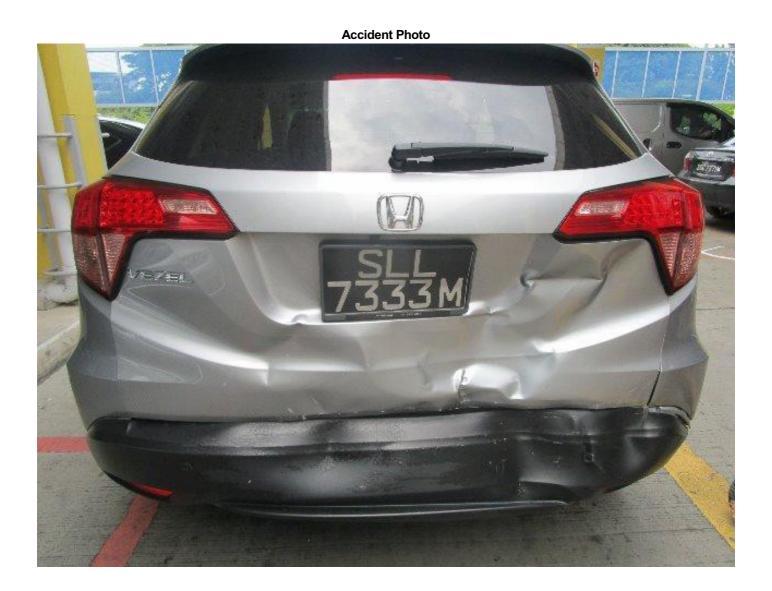


Class and Make Control of the Contro

H44289















### **Accident Photo**

