

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	14/07/2018 09:59
Date Of Accident	13/07/2018 13:50
Exact Location Of Accident	WOODLANDS AVE 2 TOWARDS SLE.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM3574S
Insured/Policyholder	
Name Of Registered Owner	ARUN KUMAR S/O KOLANTHAVEL
NRIC No	S8116868G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97493831
Alternative Phone No	OFFICE-97493831

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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	GA085894/1
Cover Note Number	

Driver

Name of Driver	SON JUNG WOOK
NRIC No	G1126587T
Date Of Birth	06/12/1982
Occupation	INDOOR
Date Of Driving Pass	15/09/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87090225
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	41 CHOA CHU KANG LOOP #02-09
Postcode	689677
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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

I WAS TRAVELLING ALONG WOODLANDS AVE 2 TOWARDS SLE ON 13TH JULY ON 01-50PM, DUE TO THE VEHICLE IN FRONT SLOW DOWN. I SLOW DOWN AS WELL. SUDDENLY VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE CAUSING MY VEHICLE TO HIT ONTO VEHICLE C. WHEN I ALIGHTED, I REALISED A CHAIN COLLISION OF THREE VEHICLES. I WAS NOT FEELING WELL AFTER THE ACCIDENT.

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	XD8045M
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
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 2

Vehicle Registration Number	SLD1629S
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	SON JUNGWOOK
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKM3574S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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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.



Policyholder's Signature
Date & Time:

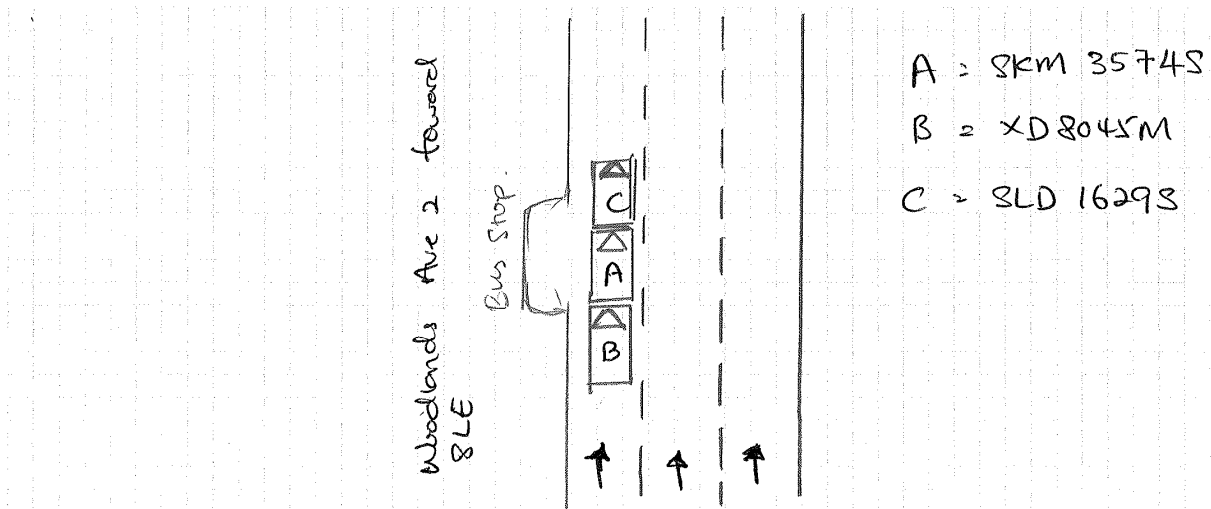


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan Pg. 1

SKETCH PLAN




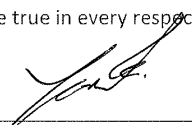
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

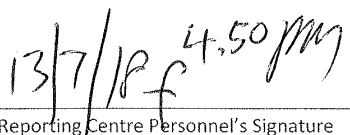
I was travelling along Woodlands Ave 2 toward SLE on 13th July 2018 on 1:50pm. Due to the vehicle in front slow down, I slow down as well. Suddenly vehicle B collided into the rear portion of my vehicle causing my vehicle to hit into vehicle C. When I alighted, I realize a chain collision of three vehicles. I was not feeling well after the accident.

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:

13/7/18 4:50 PM

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

LETTER OF UNDERTAKING

I/We, Arun Kumar s/o Kobnthaven, the owner of vehicle no. 8EM 3574 C
involving in an accident with vehicle no. (TP) XD8045M on 13/7/18 along _____

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Lee Brothers Automotive 7/L

Signed and Acknowledge by:



.....
Name and signature of policyholder

.....
Company Stamp

.....
Date



Driving License

Individuals who are 18 years old and over

1-1-1
1-1-2

1-1-3
1-1-4

1-1-5
1-1-6

1-1-7
1-1-8

1-1-9 1-1-10	A
1-1-11 1-1-12	B
1-1-13 1-1-14	C
1-1-15 1-1-16	D
1-1-17 1-1-18	E

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1-1-32

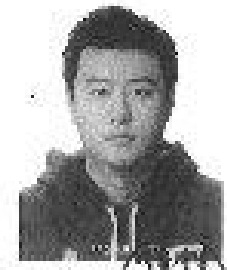
SON

JANGMOOK

REPUBLIC OF KOREA

06 DEC 1982

Seoul



1-1-33

1-1-34

1-1-35

Driving License

驾驶人姓名

姓名

性别

出生日期

准驾车型代码

准驾车型

准驾车型代码	准驾车型
1. 大型客车	A
2. 重型牵引挂车	A2
3. 中型客车	B1
4. 大型货车	B
5. 小型汽车	C1
6. 小型自动挡汽车	C2
7. 轻便摩托车	F
8. 三轮汽车	G
9. 轮式自行机械车	M
10. 无轨电车	N
11. 有轨电车	P

驾驶人姓名: _____

性别: _____

出生日期: _____

准驾车型: _____

发证机关: _____

有效期: _____

驾驶人姓名

姓名

性别

出生日期

准驾车型代码

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9. 轮式自行机械车	M
10. 无轨电车	N
11. 有轨电车	P

驾驶人姓名: _____

性别: _____

出生日期: _____

准驾车型: _____

发证机关: _____

有效期: _____

대한민국
REPUBLIC OF KOREA

국제 자동차 교통
국제 운전면허증
INTERNATIONAL DRIVING PERMIT
1948. 8. 18의 도로교통에 관한 법률

발급국명
ISSUED AT
서울특별시
SEOUL, KOREA
발급일
ISSUED
1997. 10. 16
16 OCT 1997
면허번호
PERMIT NO.
0010-17-857344

일련번호 No. 17-857344

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본 국제 운전면허증은 국내에서 운전할 때만 유효하며, 외국에서 운전할 때는 해당 국가의 운전면허증에 따라 운전하여야 합니다.
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김광복
서울특별시지방경찰청장
COMMISSIONER OF SEOUL
METROPOLITAN POLICE AGENCY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo

