

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	13/07/2018 13:08
Date Of Accident	12/07/2018 11:30
Exact Location Of Accident	CARPARK OF HOUGANG ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT3496J
Insured/Policyholder	
Name Of Registered Owner	SIOW HUI PENG
NRIC No	S7910641J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97883306
Alternative Phone No	OFFICE-97883306

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	GA193137
Cover Note Number	

Driver

Name of Driver	CHONG CHUAN LENG
NRIC No	S7816469G
Date Of Birth	11/06/1978
Occupation	INDOOR
Date Of Driving Pass	05/06/2003
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86663777
Fax Number	
Contact Number	
Email Address	NOEMAIL

General Information of the Accident

Other Information

Details of Police Action

Circumstances of Accident

Attachment(s)

DETAILS OF OTHER VEHICLE PROPERTY 1

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SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

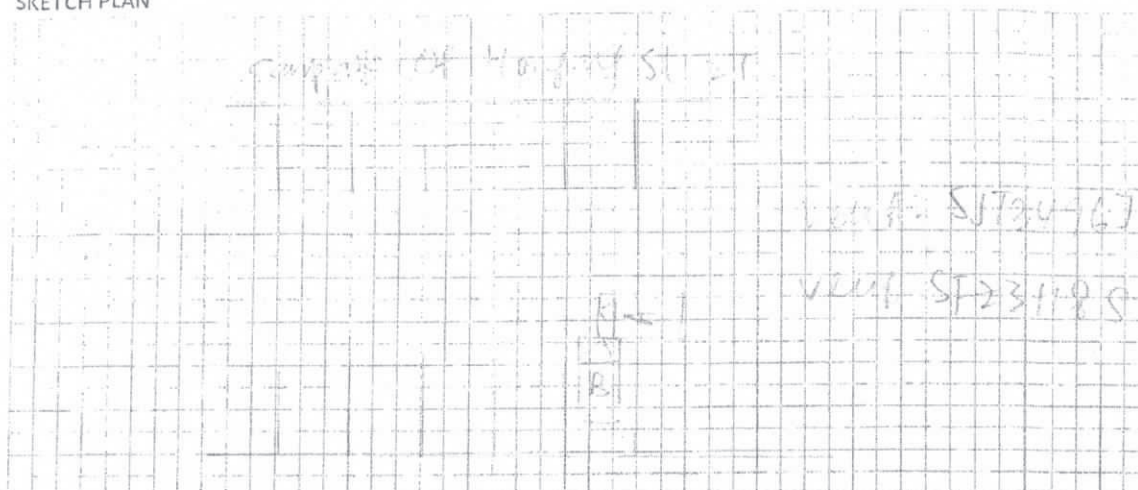
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling straight inside carpark
of Hougang St 21 on 12.07.2018 @ 11:20 AM.
Suddenly, vehicle B came out from the
lot and collided onto left portion of
my vehicle.

DECLARATION

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

Alex
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.:

LETTER OF UNDERTAKING

I/We, Sion Hui Png, the owner of vehicle no. S1734967

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, Hua Ming Spray Painting Workshop

Signed and Acknowledge by:

Ace 579106417
Nric no. and signature of policyholder

Company Stamp

12/7/18
Date