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 <u>truthful and accurate</u> 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

atoresaid.		
	ACCIDENT STATEMENT	
Date Of Report	26/07/2018 08:59	
Date Of Accident	25/07/2018 20:00	
Exact Location Of Accident	ALONG MARINA BLVD TWDS EXPRESSWAY BESIDES MBS	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA297B	
Insured/Policyholder		
Name Of Registered Owner	SNG YONG HWEE	

NRIC No S9127046C

Email Address CROSSMARIAN@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-98799337

Alternative Phone No OFFICE-98799337

Vehicle Particulars

Manufacturer TOYOTA

Model SIENTA 1.5 CVT ELEGANCE

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?

YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VPA/P2127201

Cover Note Number 25/05/2018-24/05/2020

Driver

Name of Driver SNG YONG HWEE

 NRIC No
 S9127046C

 Date Of Birth
 08/08/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 12/03/2013

Driving Experience 5 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98799337

Fax Number

Contact Number OFFICE-98799337

EMail Address CROSSMARIAN@HOTMAIL.COM

BLK 51 STRATHMORE AVE Address

26-195

Postcode 140051

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ANG XIU WEI

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV9642E

Vehicle Make/Model/Colour MAZDA 3

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number S9238268J Contact Number 82293026

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:
 - (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

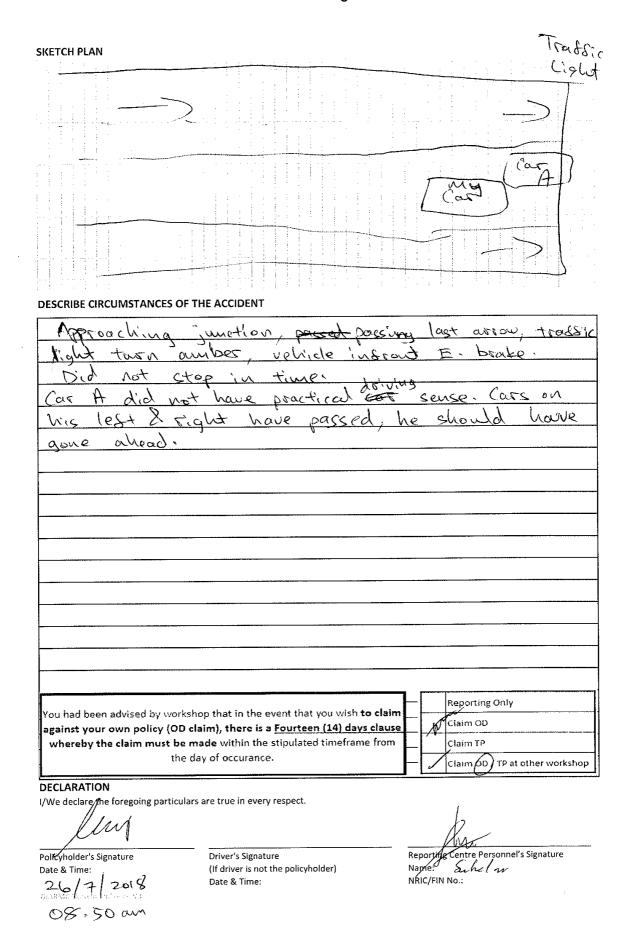
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

08.500



AXA FORM

	ner of Vehicle Number:	Smaga78	-	
he fol	llowing has been advised to	a unu uia waur warkshan	(STOTE (S)	about the street
aff, _	To di Libra eta Labara L	o you via your workshop		through their
ase	tick the applicable box if yo	ou had been advice on the	content as seen below:	
1	You had been advised by there is a Fourteen (14) of from the day of occurren	lays clause whereby the o	case that you wish to claim a claim must be made within the	ogainst your own policy, ne stipulated timeframe
	You had been advised by	the workshop on the liab	ility and merits of the case a	ccordingly.
-	You had been advised by making due to this accide		ims procedure for the type of	of claim that you will be
	There will be delay to you other option except to in-	ur vehicle repair due to th dent it from overseas.	e unavailability of spare part	s locally and there is no
	have been placed. If you	wish to cancel/withdraw	wn Damage claim once the o w the claim, you shall bear a the procurement of the spa	Il costs, expenses &/or
,	The estimated waiting tir estimated arrival time do	시민들은 아이는 이렇게 되면 하게 되었다면 되었다면 살이 되었다.		The
	You will be driving the vel vehicle may not be road v		vised by the workshop mech	anic/personnel that the
	For vehicles below Three repair your vehicle.	(3) years old, your Insura	nce Company will use only g	enuine original parts to
			ince Company will be carryin nal equipment manufacturer	The second secon
,	You had been advised by on workmanship related t	the workshop of the Two to the accident.	elve (12) months warranty fo	or <u>Own Damage</u> repairs
			listributor, you have been ac to your warranty prior to ma	
1	Others Claim	00 B B	PENED	
ned a	and acknowledge by:			
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/				
ame a	nd signature of policyhold	er/authorised driver		









