

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	04/08/2018 08:58
Date Of Accident	03/08/2018 14:50
Exact Location Of Accident	DEVONSHIRE ROAD TOWARDS ORCHARD CINELEISURE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8996G
Insured/Policyholder	
Name Of Registered Owner	KAI RUI ENTERPRISE
Co Reg No	53364900E
Email Address	KOKHENG78@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91460962
Alternative Phone No	OFFICE-81566592

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-2.0 L (A)
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092278848
Cover Note Number	

Driver

Name of Driver	FOO SU MIAN (FU SHUMIN)
NRIC No	S7803967A
Date Of Birth	30/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91460962
Fax Number	
Contact Number	
EEmail Address	KOKHENG78@YAHOO.COM.SG

Address	BLK 344 ANG MO KIO AVENUE 3 #03-2216
Postcode	530344
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BUSINESS OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - (CHILD) GENDER: : FEMALE

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 DRIVING VEHICLE A AND WAS TRAVELLING ALONG DEVONSHIRE ROAD TOWARDS ORCHARD CINELEISURE WITH 2 PASSENGERS ON BOARD AT THE MATERIAL TIME OF THE ACCIDENT. UPON REACHING THE SLIP ROAD, I STOPPED MY VEHICLE TO CHECK FOR ON-COMING TRAFFIC. WHILE MY VEHICLE WAS AT STATIONARY POSITION, I SUDDENLY FELT A STRONG IMPACT COMING FROM MY VEHICLE REAR. AFTER ENSURING THAT MY PASSENGERS WERE FINE AND NOT INJURED, I ALIGHTED FROM MY VEHICLE TO CHECK THE SITUATION. I THEN REALISED THAT VEHICLE B HAD COLLIDED ONTO MY REAR. NO INJURIES WERE INVOLVED. THAT'S ALL.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL5258Y
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHILIP CHARLENE ROSE LUK
NRIC/Passport Number	S8167845F

Contact Number	84284657
Address	31 ST. THOMAS WALK #16-01
Postcode	238141
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.

Kai Rui Enterprise
Blk 344 Ang Mo Kio Ave 3
#03-2216 Singapore 560344
Tel: 8156 6592

Policyholder's Signature
Date & Time:

04 AUG 2010

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

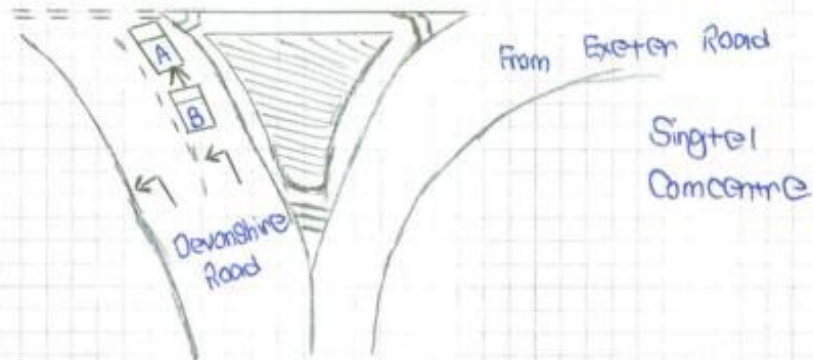
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ANG WEI GUANG
S8410708E

Sketch Plan #2

SKETCH PLAN

O. O. A : 03. 08. 2018 , 14:50 Hrs



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing report to be true in every respect.

Policyholder's Signature

Date & Time:

04 AUG 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ANG WEI GUANG
S8410708E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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