

## 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 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	18/12/2017 09:58
Date Of Accident	16/12/2017 19:25
Exact Location Of Accident	TOA PAYOH LOR 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF1023A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHENG CHOR KIANG
NRIC No	S1579765G
Email Address	EVELYNCHENGCK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98165517
Alternative Phone No	OFFICE-98165517

### Vehicle Particulars

Manufacturer	BMW
Model	218I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN862566
Cover Note Number	

### Driver

Name of Driver	CHENG CHOR KIANG
NRIC No	S1579765G
Date Of Birth	02/11/1963
Occupation	INDOOR
Date Of Driving Pass	07/11/1983
Driving Experience	34 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98165517
Fax Number	
Contact Number	OFFICE-98165517
Email Address	EVELYNCHENGCK@GMAIL.COM

Address	7 SIN MING WALK #07-17
Postcode	575577
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

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	2

#### 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

REFER TO ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WILL SEND TO INS CO.
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV1168Y
Vehicle Make/Model/Colour	SUBARU FORESTAR SILVER
Details Of Properties	
Name of Driver	FOO FANG ZERN JASON
NRIC/Passport Number	S7735125F
Contact Number	96892433
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**SKETCH PLAN**

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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.
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.

MERINA CHIA SAN SAN  
Performance Motors Limited  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

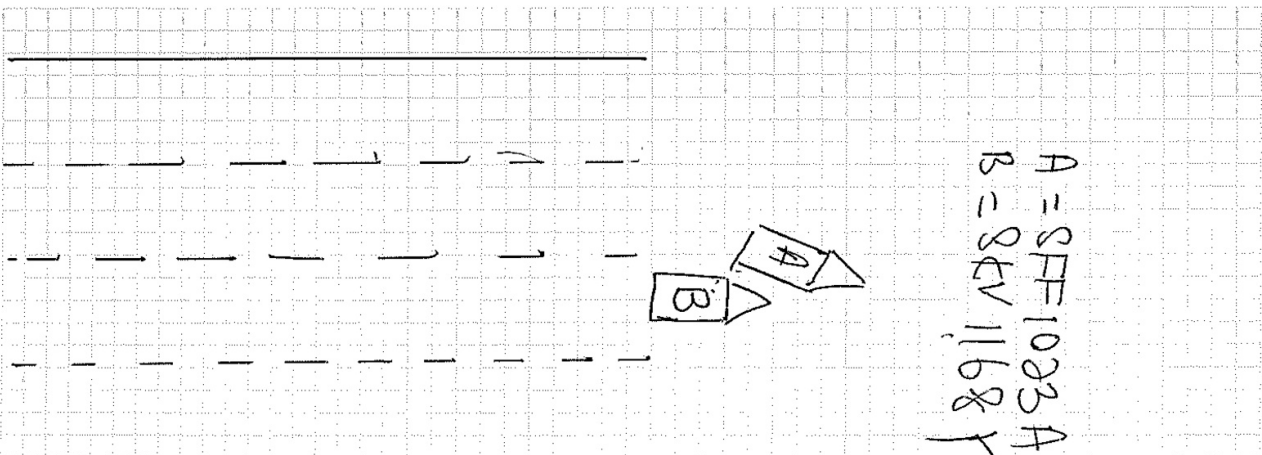
  
Policyholder's Signature / Date &  
Time  
18 DEC 2017

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

Witnessed by Reporting Centre  
Personnel

18 DEC 2017

**Sketch Plan**



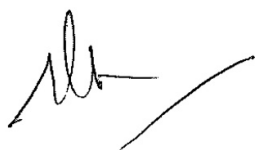
Describe Circumstances of the Accident

On 16/12/17 @ 7.25 pm Both cars was stop  
at the traffic lights of Lor 5 Toa Payoh Junction  
(outside the New Ando - Gem Residence)

As traffic lights turn Green I was moving  
towards the light lane + the Subaru  
did not slow down & hit on my right  
side.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

18 DEC 2017

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

MERINA CHIA SAN SAN  
Performance Motors Limited  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941



Witnessed by Reporting Centre  
Personnel

18 DEC 2017

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



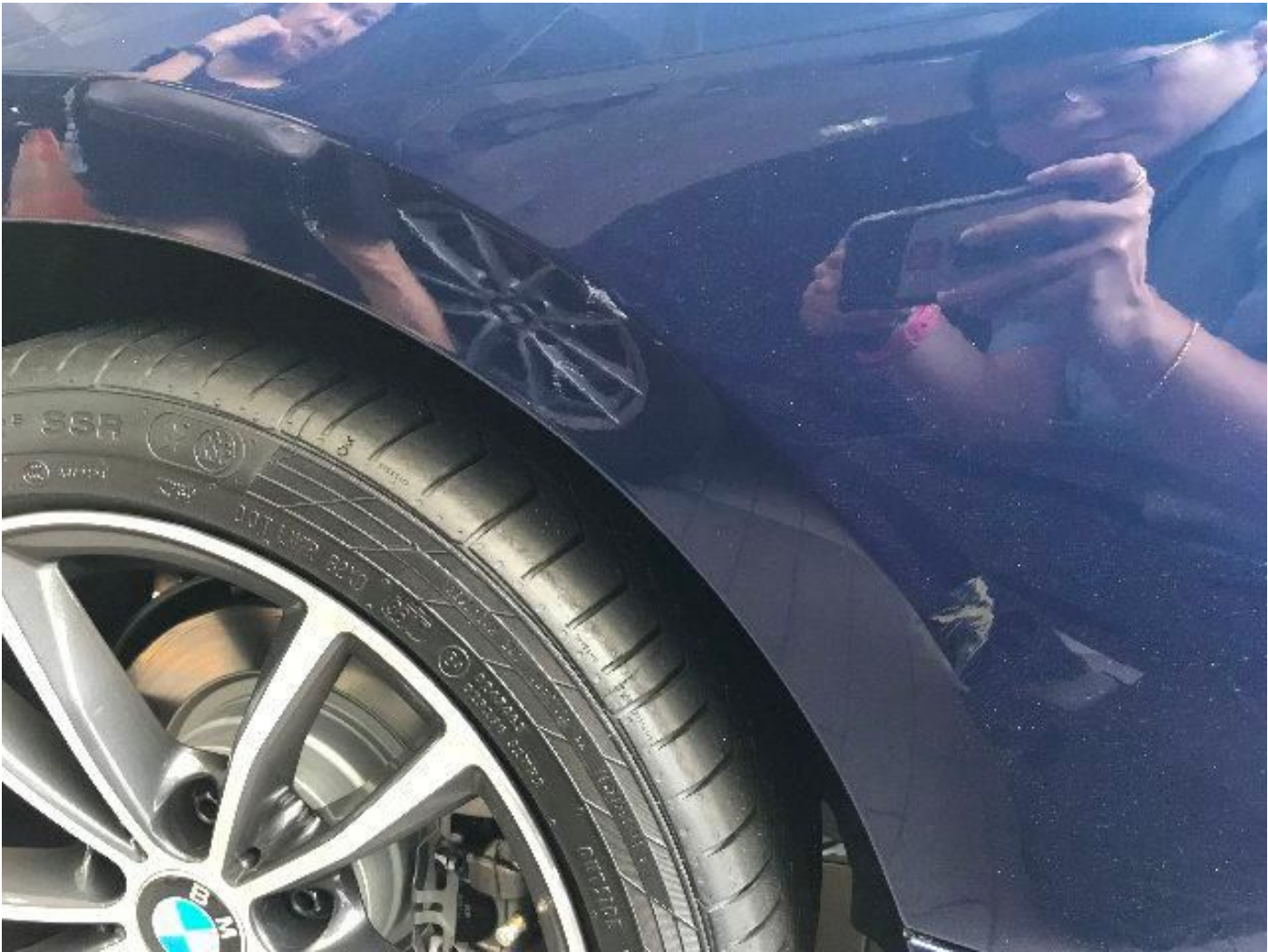
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