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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	08/08/2018 10:00
Date Of Accident	07/08/2018 18:15
Exact Location Of Accident	TRAFFIC LIGHT(INFRONT OF SHELL)AT SENGKANG EAST RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA3326E
Insured/Policyholder	
Name Of Registered Owner	LOW TECK LOON
NRIC No	S7030330B
Email Address	TLLOW@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97360242
Alternative Phone No	OFFICE-97360242
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SB 1.4 TFSI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA218220/1
Cover Note Number	
Driver	

Name of Driver LOW TECK LOON NRIC No S7030330B Date Of Birth 07/09/1970 Occupation **INDOOR**

Date Of Driving Pass 24/08/1991

Driving Experience 26 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97360242

Fax Number

Contact Number OFFICE-97360242

EMail Address TLLOW@SINGNET.COM.SG Address BLK 306 A, ANCHORVALE LINK, #07-93

Postcode

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 - HEAD TO REAR**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

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

MY CAR, SKA 3326 E STOPPED AT JUCNTION OF SENGKANG EAST ROAD AND SENGKANG SQUARE WHEN LIGHT WAS RED. WHEN TRAFFIC LIGHT CHANGE TO GREEN, I FELT A BUMP AT THE REAR OF MY CAR. AT THIS TIME, MY CAR WAS STILL STATIONARY AND HAD NOT MOVED OFF. AFTER THAT, I GET OUT OF MY CAR AND EXCHANGED DETAILS WITH THE LADY DRIVER MS. JAS TOH (SKE 3003 R) AND ALSO TOOK PHOTOS OF THE CARS.

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 SKE3003R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver JAS TOH

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
 - 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: World Ethough SEAG Acogs

NRIC/FIN No.: 629871454

SKETCH PLAN		
		A-SKA3326
	A	B-SkE 30031
	8	- Ske story
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
OMy Car, SK	A3326E, Stopped at Ju	notion of Seykang
red.	A3326E, Stopped at Jurand Singking Square	when light was
(2) When truf bump at	the rear of my car.	een, I felt a
had not a	ne, my car was still moved off.	Stationers and
@ After trust	I get out of my co	v and exchanged
		Jas 10h WKE SOOSK)
and acc	took photos of the cors.	
DECLARATION		
I/We declare the foregoing partic	ulars are true in every respect.	S PIES PIES
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Whomby KHOND SENTY, from NRIC/FIN No.: 62987432







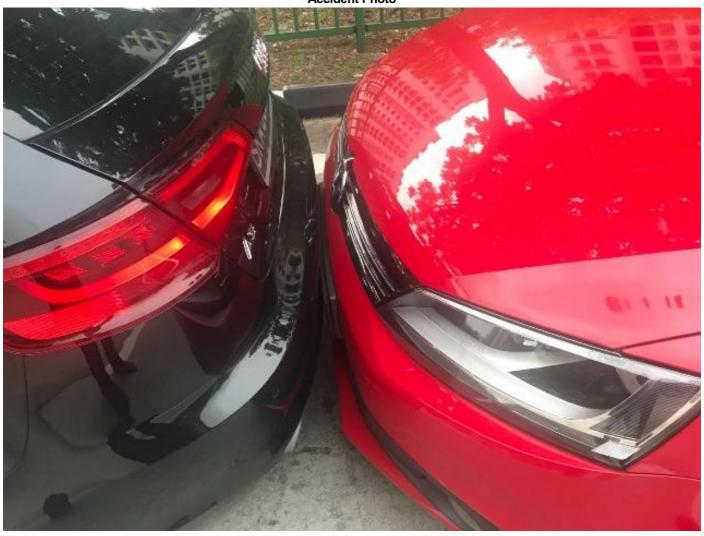




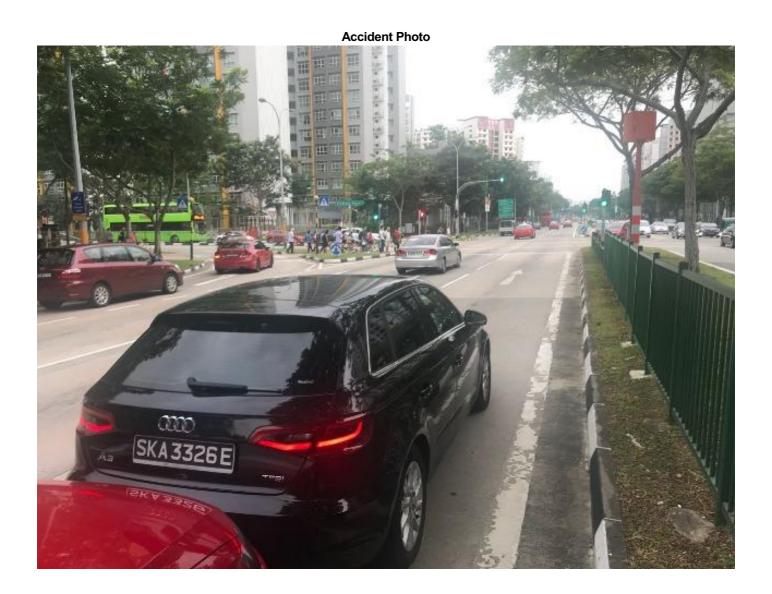














Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017785

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDE	NDUM	
A)	PARTICULARS OF PI	PARTICULARS OF PERSON MAKING THE AMENDMENTS:		
	Original Report No	: MPA 118162385	Vehicle Registration No: SkA 3326E	
	Name(as shownin NRIC)	: LOW TECK LODA	NRIC/FIN/Passport No : \$7030330 B	
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address: <u>Bk 306 A, ANCHORVALE LINK, *07-93</u> Singapore (54)				
	Email Address : TLLOW (Q) SINGNET- COM. SG			
	Date of Accident	81 30 50 :	Time of Accident :18:15	
Place of Accident : TRAFFIC LIGHT (INFRONT OF SHELL) AT SENGKANG EAST RD				
	Insurance Company: AXA INSURANCE PTE LTD			
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	Wenty		September 1	

Date: 10/8/18