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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/09/2018 11:21
Date Of Accident	26/08/2018 13:00
Exact Location Of Accident	LORONG J TELOK KURAU
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFB2108D
Insured/Policyholder	
Name Of Registered Owner	KOH WILLIAM
NRIC No	S1712076Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96631682
Alternative Phone No	OTHERS-96631682
Vehicle Particulars	
Manufacturer	PORSCHE
Model	MACAN
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?	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	VPX/P1878847
Cover Note Number	
Driver	

Driver

Name of Driver KOH WILLIAM
NRIC No S1712076Z
Date Of Birth 23/03/1965
Occupation INDOOR
Date Of Driving Pass 10/05/1991

Driving Experience 27 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96631682

Fax Number

Contact Number OTHERS-96631682

EMail Address NOEMAIL

26 NALLUR ROAD Address

456651 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 - MAJOR/MINOR RD**

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

NO

NO

NO

NAME: : VELDA KOH

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?

Circumstances of Accident

REFER SKETCH PLAN & STATEMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD1630J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **TAXI**

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

Sketch Plan Pg. 1

SKETCH PLAN

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- 6. 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
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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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 enquirles 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
- 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.
- 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.:

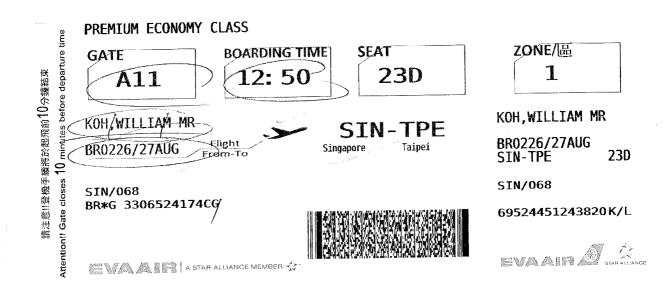
Sketch Plan Pg. 2

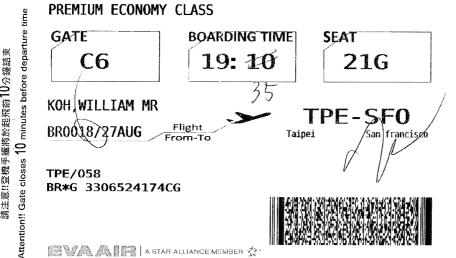
SKETCH PLAN		
	Telok Kurau L	or J.
> [car	[car	Car
-	Taxi>	Account to the contract of the
	1071	
	Lon James Long	
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
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1 1	2 into Telok Ku	
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check to		offic a Taxi
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leaft bun	POV -	
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DECLARATION .		
DECLARATION /We declare the foregoing particular	s are true in every respect.	
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ste & Time:	(If driver is not the policyholder)	Name:

Date & Time:

NRIC/FIN No.:

FLIGHT TICKET COPY Pg. 1



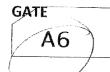


ZONE/品 1 KOH, WILLIAM MR BR0018/27AUG 21G TPE-SF0 TPE/058 69524451243820K/L evaam Ø

FLIGHT TICKET COPY Pg. 2



PREMIUM ECONOMY CLASS



BOARDING TIME 12:20

SEAT 23D

ZONE/區 1

KOH, WILLIAM MR

Flight BR0007/31AUG

San francisco Taipei KOH, WILLIAM MR

BR0007/31AUG SFO-TPE

23D

SF0/040 BR*G 3306524174CG



SF0/040

69524451243820K/T

EVAAIR 2

PREMIUM ECONOMY CLASS

GATE **C6** **BOARDING TIME**

SEAT 23D ZONE/品 1

KOH, WILLIAM MR

BR*G 3306524174CG

BR0225/07SEP

TPE/134

Taipei

TPE-SIN Singapore

KOH, WILLIAM MR BR0225/07SEP TPE-SIN

23D

TPE/134

69524451243820K/T



Attention!! Gate closes 10 minutes before departure time 轉注意!!童餐弄麵將於超飛前10分齒結束

A STAR ALLIANCE MEMBER

Flight From-To















