

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	29/08/2018 12:35
Date Of Accident	28/08/2018 11:10
Exact Location Of Accident	TAMPINES AVE 10 TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW1141C
Insured/Policyholder	
Name Of Registered Owner	THEN AH SAM
NRIC No	S2573602H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93885057
Alternative Phone No	OFFICE-93885057

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (M)

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
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA045496
Cover Note Number	

Driver

Name of Driver	KUA YOK KENG
NRIC No	S2013080F
Date Of Birth	06/01/1953
Occupation	INDOOR
Date Of Driving Pass	26/11/1998
Driving Experience	19 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91009219
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 635C PUNGGOL DRIVE #10-629
Postcode	823635
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
Number of vehicles involved in the accident	
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)	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

AS I WAS TRAVELLING INTO THE YELLOW BOX, I SAW THE RIGHT TURN GREEN LIGHT ON. SO, I TRIED TO DO A RIGHT TURN. I DID NOT NOTICE VEHICLE B WAS TRAVELING STRAIGHT AT THAT POINT OF TIME AND I CAN'T BRAKE IN TIME. SO, I KNOCK AGAINST THE LEFT PORTION OF VEHICLE B.

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	SLS230K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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.

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.:

28/8/18

1.35pm

DATE: 11/11/11

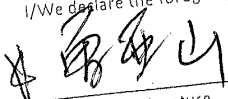
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As i was travelling into the yellow box, i saw the right turn green light on, so i tried to ~~to~~ do a right turn. I did not notice ~~a vehi~~ vehicle B was travelling straight at the point of time and i can't brake in time so i ~~knag~~ knocked against the left portion of vehicle B.

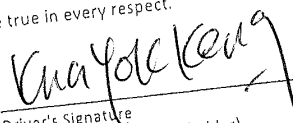
Kuafockeng

DECLARATION

I/We declare the foregoing particulars are true in every respect.


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.:

CRP/2/DeclarationForm v3

LETTER OF UNDERTAKING

I/We, Then Ah Sam, the owner of vehicle no. SFW1141 C

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, SME MOTOR PTE LTD

Signed and Acknowledge by:



.....
Nric no. and signature of policyholder

.....
Company Stamp

29/08/2018
.....
Date

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2013080F



Name
KUA YOK KENG
柯玉卿

Race
CHINESE

Date of birth
06-01-1953

Country/Place of birth
MALAYSIA

Sex
F

S2013080F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2013080F

Name
KUA YOK KENG

Birth Date 06 Jan 1953

Valid Until 20 Oct 2003

000936673 D

5582243



ORIGINAL S2013080F



Date of issue
01-04-2016

Address
APT BLK 835C FUNGCOL DRIVE
#10-829
SINGAPORE 623535


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

PASS DATE
26 Nov 1996

NP 428A

Licence No. S2013080F



Downloaded At: 11:53 11 September 2009



1000, 025, 0411, 52

04483

Policy details

Persons or classes of persons entitled to drive*

[illegible]

Limitation as to use*

Information provided by this party is by Section 3 of the Motor Vehicle Information and Inspection Act of 49 U.S.C. (Chapter 305) and Section 55 of the Road Transport Act, 1927. All details are provided in strictest confidence.

In Addition: Create a concept as follows:

- Additional clauses & endorsements to your policy

He has been actively donating money to which in a Certificate of donation was signed in good faith by the president of the Motor Vehicles (Taxis) Owners' and Drivers' Union of India (1994) and the Union of the Road Transport Workers (1995).

Handwritten signature: 李强

The "United Workers' Club" became the place where the workers met with a specific goal in mind: when there would be no labour under the party, no new sacrifices or sacrifices.

1 m/s

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

