

## 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	27/08/2018 17:07
Date Of Accident	26/08/2018 21:20
Exact Location Of Accident	DUNEARN RD / SHELFORD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW689A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUDI SINGAPORE PTE LTD
Co Reg No	200819216Z
Email Address	AMY.CHONG@AUDI.COM.SG
Mobile Phone No	(LOCAL) +65-92333513
Alternative Phone No	OFFICE-67186000

### Vehicle Particulars

Manufacturer	AUDI
Model	A6 1.8 TFSI S-TRONIC

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 CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P1886473
Cover Note Number	

### Driver

Name of Driver	REINTS HEIKO KARL
Passport No/FIN	G3431915X
Date Of Birth	14/08/1979
Occupation	INDOOR
Date Of Driving Pass	15/04/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91271973
Fax Number	
Contact Number	
EEmail Address	HEIKO.REITS@AUDI.COM.SG

Address	38 FARRER ROAD
	#03-04
Postcode	268836
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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.	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

ON 26TH AUGUST AT AROUND 9.20 PM, I WAS DRIVING ON DUNEARN ROAD ON THE LEFT LANE TOWARDS ADAM RD/ FARRER RD. IN FRONT OF ME, DROVE A TAXI, (BLUE HYUNDAI, COMFORT DELGRO, LICENCE PLATE SH8269Y). THE TAXI SUDDENLY BRAKE VERY HARD UNTIL IT STOPPED. I WAS ABLE TO BRAKE DIRECTLY AND STOPPED MY AUDI 1 TO 1.5M BEHIND THE TAXI. A FEW SECONDS LATER, A KIA DRIVER (LICENSE PLATE SMA3559B), HIT MY CAR IN THE BACK / TRUNK. BEFORE, I REALLY REALISED WHAT HAPPENED, A PEDESTRIAN ENTERED THE TAXI. AN OTHER FEW SECONDS LATER, THE TAXI LEFT THE AREA.

#### 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	SMA3559B
Vehicle Make/Model/Colour	KIA CERATO / SILVER GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MARK YONG CHUEN-TZE
NRIC/Passport Number	S8100980E
Contact Number	98268765
Address	551 ANG MO KIO AVE 10
	#14-2224
Postcode	560551
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

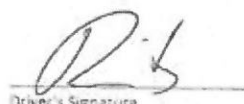
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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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.

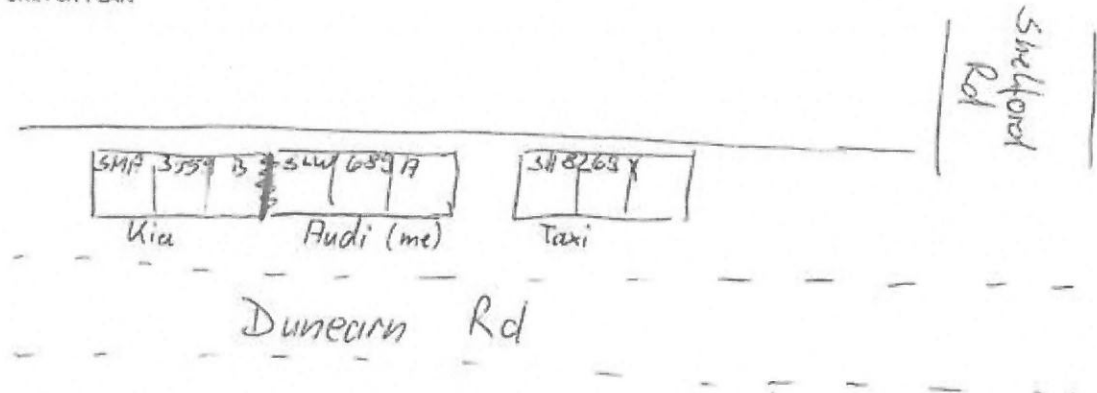
Policyholder's Signature  
Date & Time:   


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:   
27.08.2018  
2:50 pm

Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.: TAN ENG SU JEFFREY  
85334909P

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26<sup>th</sup> August at around 3:20pm I was driving on Dunearn Rd on the left lane towards Alderm Rd / Farrer Rd. In front of me drove a taxi (blue Hyundai, ComfortDelgro, license plate SH 8269 Y). The taxi suddenly braked very hard until it stopped. I was able to brake directly and stopped my Audi 1 to 1.5m behind the taxi. A few seconds later a Kia driver (license plate SMD 3559 B) hits my car in the back/trunk. Before I really realized what happened a pedestrian entered the taxi. An other few seconds later the taxi left the area.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)

Date & Time:  
27.08.2018  
2:50pm

*[Signature]*



Reporting Centre Personnel's Signature

Name: TAN ENG SU JEFFREY  
NRIC/FIN No.: G53349096

Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MPA110110984-01 Vehicle Registration No: SLW689A  
Name (as shown in NRIC) : AUDI SINGAPORE PTE LTD NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 26/08/2018 Time of Accident : 21:20  
Place of Accident : DUNELAN RD / SHELFORD RD  
Insurance Company : \_\_\_\_\_

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To attach photos.

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: MASTURA BTE OSMAN  
NRIC/FIN No.: 98603625H  
Date: 3/9/18



**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**AUDI SINGAPORE PTE. LTD.**



Name  
**REINTS HEIKO KARL**  
Occupation  
**INFORMATION TECHNOLOGY MANAGER**

FIN  
**G3431915X**

Date of Application  
**28-11-2017**

Date of Issue  
**02-01-2018**

Date of Expiry  
**02-01-2020**



**L8542697**

**VISIT PASS**  
Immigration Regulations

Name  
**REINTS HEIKO KARL**



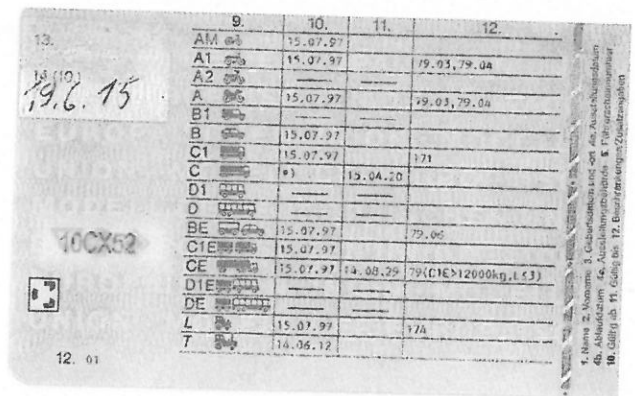
Date of Birth	Sex	Nationality
<b>14-08-1979</b>	<b>M</b>	<b>GERMAN</b>
FIN	Date of Issue	Date of Expiry
<b>G3431915X</b>	<b>02-01-2018</b>	<b>02-01-2020</b>

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**









11. Wohnort / Residence / Domicile  
**EMDEN**

11. Wohnort / Residence / Domicile

11. Wohnort / Residence / Domicile

12. Größe / Height / Taille **186 cm**

13. Augenfarbe / Colour of eyes / Couleur des yeux  
**BLAUGRÜN**

14. Ordens- oder Künstlername / Religious name or pseudonym /  
Nom de religion ou pseudonyme

➤ Zugangsnummer (CAN) 677222



**BUNDESREPUBLIK DEUTSCHLAND**  
FEDERAL REPUBLIC OF GERMANY · RÉPUBLIQUE FÉDÉRALE D'ALLEMAGNE

**REISEPASS**  
PASSPORT - PASSEPORT

Typ / Type / Type  
P

Kode / Code / Code  
D

Pass-Nr. / Passport No. / Passeport No.  
C2CH24GN2



1. [a] Name / Surname / Nom [b] Geburtsname / Name at birth / Nom de naissance

[a] REINTS

2. **Vornamen / Given names / Prénoms**  
**HEIKO KARL**

3. Geburtstag / Date of birth /  
Date de naissance  
14.08.1979

4. Geschlecht / Sex / Sexe  
M

5. Staatsangehörigkeit / Nationality /  
Nationalité  
**DEUTSCH**

6. Geburtsort / Place of birth / Lieu de naissance  
EMDEN

7. **Ausstellungsdatum / Date of issue / Date de délivrance**  
**06.10.2017**

8. Gültig bis / Date of expiry /  
Date d'expiration  
**05.10.2027**

10. Unterschrift der Inhaberin,  
des Inhabers / Signature of bearer /  
Signature de la titulaire, du titulaire

9. Behörde / Authority / Autorité  
STADT EMDEN  
BÜRGERBÜRO

H. R. 25

P<D<<REINTS<<HEIKO<KARL<<<<<<<<<<<<<<<<<<<

C2CH24GN24D<<7908149M2710051<<<<<<<<<<<<<<<<<<2

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