

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	15/02/2018 12:15
Date Of Accident	14/02/2018 15:35
Exact Location Of Accident	SCOTTS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE3393P
Insured/Policyholder	
Name Of Registered Owner	JING HOPE HOLDINGS PTE LTD
Co Reg No	200206005W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98361572
Alternative Phone No	OFFICE-98361572

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90-2.0 T5 (A)

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	N/A
Cover Note Number	

Driver

Name of Driver	ANG TING KONG
NRIC No	S1202295F
Date Of Birth	25/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1985
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98361572
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 525 BEDOK NORTH STREET 3 #04-434
Postcode	
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	SIDE SWIPE
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

KINDLY REFER THE STATEMENT

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	GBE3570B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VENKADACHALAM SADEESH
NRIC/Passport Number	G6513868P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT**IMPORTANT NOTICE**

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling.
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6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident Date: 14/02/2018 Time: 1535hrs
 Exact Location of Accident Scotts Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number 3FE 3393P

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Jing Hope Holdings Singapore PTE LTD
 Personal Identification - NRIC (Singaporean/PR) 200206005W
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Volvo Model XC90
 Type of Vehicle* ☐ Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others, _____
 Exact Purpose for which vehicle was being used at time of accident social
 Are you claiming under your own insurance policy for repair to your vehicle? ☒ Yes ☒ No (If No, Pls select: ☒ Third Party ☐ Reporting)
 Vehicle Category* ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company* AXA
 Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☐ Yes ☒ No
 Policy Number
 Motor CI

DRIVER

☐ Same as Insured above
 Name of Driver Ang Ting Kong
 Personal Identification - NRIC (Singaporean/PR) S1202295P
 - FIN/Passport Number
 Date of Birth 25 dd/ 01 mm/ 1957 yy
 Driving Date Pass 01 dd/ 04 mm/ 1985 yy
 Year of Driving Experience Year(s) Month(s)
 Occupation ☐ Indoor ☒ Outdoor
 Gender ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. 9836 1572



Chan Yufei



Insured

: Jing Hope Holdings Pte Ltd

Insurer

: AXA Insurance Pte Ltd

No Claims Discount

: 50%

Vehicle Make & Model

: Volvo XC90T6

Coverage

: Comprehensive

Choice of Workshop

: Any

Sum Insured

: Market Value

Annual Premium (Incl GST)

: S\$ 1,220.66

Insured's Basic excess

: \$500

Windscreen Excess

: \$100

Authorised and unnamed



iMessage



Individual Statement Pg. 1

Address of Driver	B/K 525 Bedok Nth St 3 #01-434		Postcode (460525)
Email Address			
Was driver an employee of the Insured's Company?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
If No, Relationship of the Driver with the Insured	Employee		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Head to Rear Side Swipe		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____		
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____		
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Number of Passengers (Including Driver)	01		
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)		
Police Station Name			
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)		
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	GBE 3570B.		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	Venkatchalam Sadeesh		
Personal Identification - NRIC (Singaporean/PR)	66513868P		
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			

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Individual Statement 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

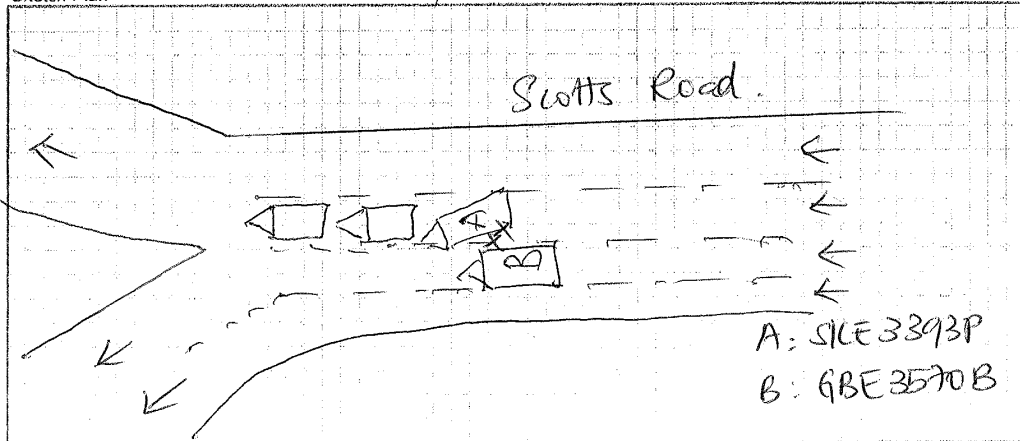
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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Individual Statement Pg. 1

Describe Circumstance of the Accident

I was driving along Scotts Road toward Newton circle on 14/2/18 @ 1530 hrs, suddenly a white van in front of me jam brake, I applied brake immediately and swerve to the left to avoid collision. But the vehicle B from behind came and hit on the rear left portions of my vehicle. No one was injured.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

15/2/2018

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

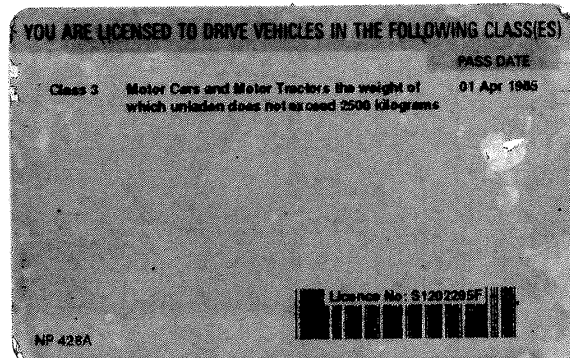
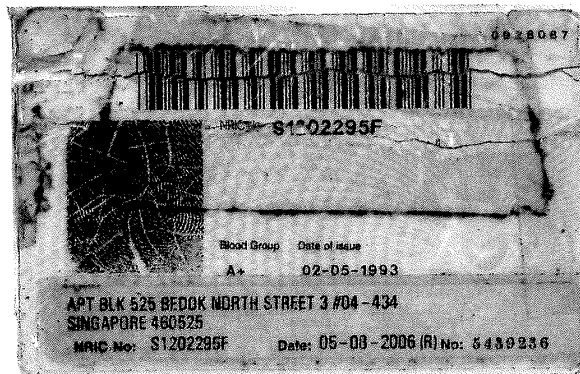
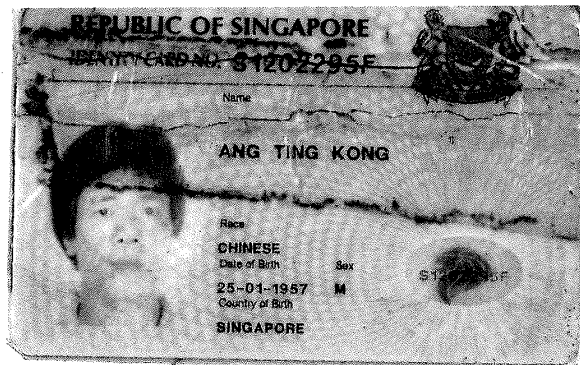
[Signature]

15/2/2018

Witnessed by Reporting Centre Personnel

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Individual Statement Pg. 1



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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