

MSME18125957 / SME Motor Pte Ltd - Kari Buri  
 ENTRY DATE & TIME: 19/10/2018 16:18  
 SUBMITTED BY: Chai Pui Ying

## SINGAPORE ACCIDENT STATEMENT

Attn. To: Catherine

## 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 liability.
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	19/10/2018 16:18
Date Of Accident	18/10/2018 14:00
Exact Location Of Accident	MACPHERSON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGH665G
Name Of Registered Owner	CHAN KWOK CHUNG BJORN
NRIC No	S8139190D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97487841
Alternative Phone No	OFFICE-97487841
Manufacturer	HONDA
Model	ACCORD EURO R
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	GA242400
Cover Note Number	
Driver	
Name of Driver	CHAN KWOK CHUNG BJORN
NRIC No	S8139190D
Date Of Birth	24/11/1981
Occupation	INDOOR
Date Of Driving Pass	01/03/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97487841
Fax Number	
Contact Number	OFFICE-97487841
EEmail Address	NOEMAIL

Address BLK 265D PUNGGOL WAY #08-352  
 Postcode 824265  
 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 - U-TURN  
 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

ON 18/10/2018 AT APPROX 1400HRS, I WAS TRAVELLING ALONG AIRPORT ROAD GOING STRAIGHT TOWARDS MACPHERSON ROAD ON MY WAY BACK TO OFFICE. THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR. SUDDENLY, VEHICLE B TURNED OUT FROM THE OPPOSITE SIDE AT MACPHERSON ROAD WHILE MAKING AN U-TURN AND HIT ONTO MY VEHICLE A RIGHT HAND SIDE PORTION AS I WAS GOING STRAIGHT AFTER THE TRAFFIC LIGHT JUNCTION ONTO MACPHERSON ROAD.

#### Attachments

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 SCE8883D  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number 97342238  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLAN**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 Authorized Driver.
3. Information provided must be as ~~truthful and accurate as possible~~. Any willful misrepresentation or withholding of material facts may allow insurance companies to ~~rescind the policy~~.
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. ~~Archiving reporting may be referred to the Police for investigation.~~
6. This report will be forwarded by the insurers of the GIC Records Management Center established by the General Insurance Association of Singapore (GIAS) 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 if so called.

**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 ("GIAS") may be 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 insurers) who have insured vehicle(s) involved in this accident (all insurers) 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 claim, including the settlement of the claim and any necessary investigations relating to the claim;

(ii) investigating the accident and/or my claim;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claim (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 these same documents on the external cover of envelopes and packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claim (collectively the "Purposes").

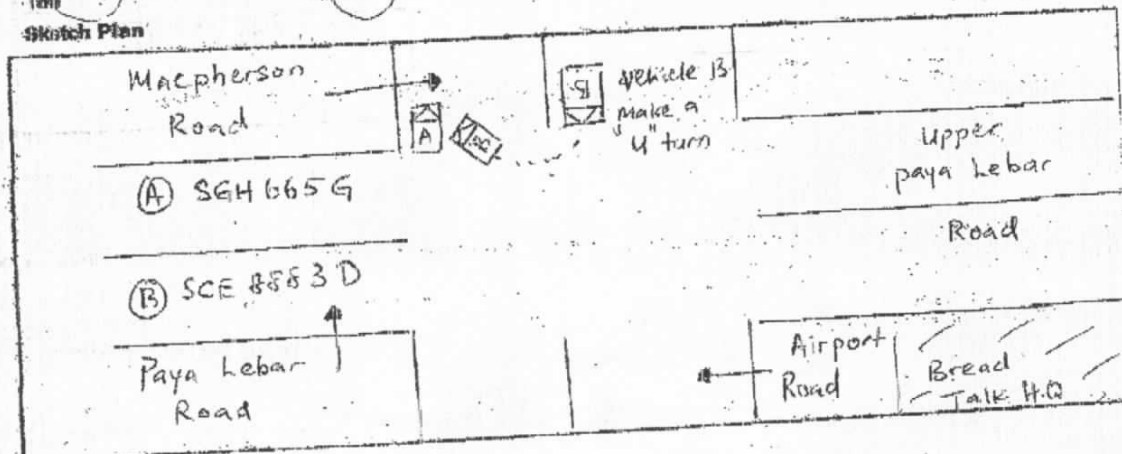
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their lawyers/law firms), which may be located 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 Office Personnel

**Sketch Plan**

## Sketch Plan #2 Pg. 1

## Describe Circumstances of the Accident

On 18/10/2018 at approx 1400HRS, I was travelling along Airport Road going straight towards Macpherson Road on my way back to office.  
 The traffic light was green in my favour. Suddenly Vehicle B turned out from the opposite side at Macpherson Road while making a "U" turn and hit into my Vehicle A right hand side portion as I was going straight after the traffic light junction onto Macpherson Road.

## Declaration

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

Witnessed by Reporting Central Personnel

Insurance Co.	AXA	
Vehicle NO.	SGH 665 G	Date Of Accident 18 / 10 / 2018
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim		