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 witholding 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	16/11/2018 14:49
Date Of Accident	14/11/2018 13:40
Exact Location Of Accident	PORTSDOWN AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX4419G
Insured/Policyholder	
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	A4 SEDAN 2.0 TFSI
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
	_

0 Policy Number

Cover Note Number

Driver

Name of Driver LIM JIA QI NELLIE

NRIC No S8939134B Date Of Birth 01/11/1989 Occupation **INDOOR Date Of Driving Pass** 12/05/2008

Driving Experience 10 YEARS AND 6 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97279049

Fax Number

Contact Number

EMail Address CONTACT@NELLIELIM.COM

53 CHARLTON LANE Address

Postcode S34000

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - AUTHORISED DRIVER

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

NO

2

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

NAME:

: ZIPENG LEE

GENDER: : MALE

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

WE WERE BOTH ON A 3-LANE ROAD ON PORTSDOWN AVENUE. BEING ON THE EXTREME LEFT LANE, I SIGNALLED RIGHT WHILE THE TRAFFIC LIGHT WERE STILL RED.. I INCHED MY CAR INTO THE 2ND LANE WHILE ALL CARS WERE STILL STATIONARY AND TRAFFIC LIGHTS WERE STILL RED. IT STAYED THAT WAY FOR AT LEAST 5 SECONDS BEFORE THE LIGHT TURNED GREEN. WHEN THE LIGHTS TURNED GREEN, THE VAN WHOM I THINK DIDNT NOTICE THAT NY CAR WAS ALREADY INFRONT OF HIM, DRIVE AHEAD AND HIT INTO MY CAR, CAUSING A DENT IN THE FRONT RIGHT SIDE OF THE CAR.

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 GBH4481C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver TAN SWEE KIAT S7928897G NRIC/Passport Number Contact Number 92233327

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment 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.
- 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)
 - 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.
- 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:
 - 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.

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Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: (5" 300 M

12/11/2018.

Reporting Centre Personnel's Signature Name: Con Eugs

NRIC/FIN No .: 633349001P

Sketch Plan #2





























