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 <u>truthful and accurate</u> 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.

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	ACCIDENT STATEMENT
Date Of Report	19/11/2018 15:11
Date Of Accident	18/11/2018 01:00
Exact Location Of Accident	170A LOMPANG ROAD C/P
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ3649S
Insured/Policyholder	
Name Of Registered Owner	LEGEND MOTORS & LEASING PTE LTD
Co Reg No	200909442H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94509518
Alternative Phone No	OFFICE-94509518
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AQUA
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1917604
Cover Note Number	

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Name of Driver

KAY SENG TECK

NRIC No

S7224864C

Date Of Birth

Occupation

OUTDOOR

Date Of Driving Pass

04/05/2006

Driving Experience 12 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94509518

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 203 PETIR ROAD #10-667

Postcode 670203

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

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) 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

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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 SFT185Z

Vehicle Make/Model/Colour

Details Of Properties

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

SKETCH PLAN

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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) of:
 - 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:
 - 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

SHARE THE BEST STATE OF THE

Sketch Plan #2

SKETCH PLAN Vehicle No Legend Vehicle Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/11/2018 around I am at 170A Lompang Road multi-carped the ready to return the car. When turning in Deck 3A I was suddenly dozed off and blackent due to tiredness, my sental car hit the red BMW SFT 185Z and cause the car plate dented and drop on the floor, no other damage to BMW SFT 185Z and my rented car.
As it is cross midnight, the BMW owner was not at the incid location, I took the photos and leave a note with my number the BMW SFT 185Z windscreen for the owner to contact me.
On 68/11/2018 afternoon, the owner contacted me that the front bumper was also damage and wanted settled through insurance claim.

DECLARATION

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

Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated transformer from the date of occurrence. Kindly check your policy for more details.

Policyholder's Sig

Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

19/1/18

Common Statement

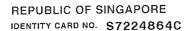
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Material damage To vehicles other than vehicles A and	d B To objects gants	than vehicles	S Witness' name, add is passenger in vehic	ress and tel	no. (to be	underlined i	he/she	Vehicle	Video Availabl
Yes =	No	Yes						No	
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Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

	1 Occupation (If more than	one, state all)					Email:	national de	Andrews and a	inchipeli	and monet
	2 Vehicle registration no. C.C. If commercial vehicle, state permissible carrying capacity										
Of which vehicle are	3 Is driver the owner? Yes No. If no, State Relationship of Insurer with owner shower's own						number				
you the owner?	4 Exact purpose for which vehicle was being used at time of accident Private use Commercial use Hire & reward Private Hire Others - please specify 5 Is the vehicle still in use? Yes No If no, state where it is at present Tel no.										
D E	6 Are you claiming under yo If no, state action to be ta			r to your vehi Reporting			No Ird Party	(Own	Worksh	10p)	
	7 Date of birth Occupy	Date of license poss				Was vehicl the insured		Was driver an employed of the insured's company?			
Driver or person in	6 712 Indo	or On	tddor	111	-10	6.	Yes	No		Yes	No
charge of vehicle at the time of accident (including insured)	8 Give details of any pre-ext	sting Impairment	t of sight or hear	ing and of an		7		_	-		
	9 Full details of all driving convictions including pending prosecutions in the last 36 months										
	Date		Of	fence						Penalty	
	10 Name(s), address(es) and Injurapproximate age(s)		urles sustained If vehicle occupar state in which veh						Was injured conveyed to hospital by ambulance?		
Injured							Yes :	1	lo :	Yes	No :
persons							Yes :	1	Vo :	Yes	No :
						-	Yes :	1	No :	Yes :	No :
							Yes	1	No :	Yes	No :
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of Vehicle registration no or details of property			Nesture	of dame	damage Insurer's name and address (if snown)					
	12 Was the accident reporte	d to the Police?	Yes	No		7			1		
	If yes, please state which	Police station_			thoras and						
Police action	13 Was notice of intended p	rosecution given	7 Yes	No.		-					
	14 Weether conditions	Clear		Risining			CH	iors			
	15 Road surface	Wet		Dry			Ott	ers			
	16 Speed of vehicles A km/hr B km/hr										
Accident details	17 What warnings were give	an by driver or of	ther perty?	may and a second							
ocalis	18 West street lights (lluminated? Yes No No										
-	1.9 What lights were displayed on your vehicle/the other vehicle(s)?										
	20 If your vehicle is commercial, state weight of load carried at time of accident										
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)										
				1							
	22 State number of Passer	gers (Including I	Driver)								
Declaration	22 State number of Passer I/We declare the foregoing of Policyholder's signature			xt (351	SER STEE		Da	te			

Hirer IC & LIC Pg. 1



Name





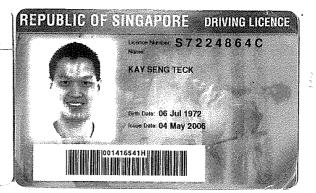
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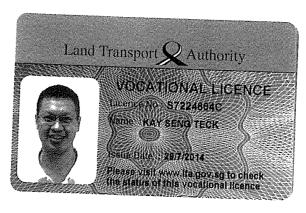
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CHINESE Date of birth Sex 06-07-1972 M Country of birth

SINGAPORE

S/224884C









Date of issue 17-12-2004

APT BLK 203 PETIR ROAD #10-667 SINGAPORE 670203

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motor Cars=< 3000kg with =<7 passengers, exclusive 04 May 2006 of the driver; and other motor vehicles =< 2500kg

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request, if found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Туре Description 02 TAXI VL

Issue Date

29/07/2014

















