MEAM18148554 / Elite AM Pte Ltd - HQ ENTRY DATE & TIME: 16/11/2018 14:44 SUBMITTED BY: Christy Hang Pek Chin

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.

	ACCIDENT STATEMENT	
Date Of Report	16/11/2018 14:44	
Date Of Accident	15/11/2018 21:30	
Exact Location Of Accident	JUNCTION OF UPP. CROSS STREET & SOUTH BRIDGE RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ4998C	
Insured/Policyholder		

Name Of Registered Owner CHOONG WOON HUN

NRIC No \$8381167F

Email Address WHCHOONG83@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-90615790
Alternative Phone No OFFICE-90615790

Vehicle Particulars

Manufacturer TOYOTA

Model WISH-1.8 CVT (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?

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 P1884077

Cover Note Number

Driver

Name of Driver CHOONG WOON HUN

NRIC No S8381167F
Date Of Birth 14/06/1983
Occupation INDOOR
Date Of Driving Pass 15/05/2010

Driving Experience 8 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90615790

Fax Number

Contact Number OFFICE-90615790

EMail Address WHCHOONG83@HOTMAIL.COM

35 SIMEI RISE Address

#08-11

S528781 Postcode

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 CHAIN COLLISION

CLEAR Weather Conditions Road Surface DRY

Other information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

3

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)

2

Passenger 1

: CHOONG HUI EN CHRISTINE NAME:

GENDER:

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

PLEASE REFER TO ATTACHED ACCIDENT SKETCH PLAN (UNDER 'DOCUMENTS')

Attachment(s)

Are accident photos available for attachment?

YE\$

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC8422C Vehicle Registration Number

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category TAX

Name of Driver

NRIC/Passport Number

CHUA CHIN YEONG

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SLR5176G TOYOTA

PRIVATE CAR

LINAWATY SANTOSO

Accident Sketch Plan

SKETCH PLAN

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- 2. By the ladgment 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)

Lunderstand, acknowledge, agree and consent that:

- [a] My insurer, my workshop and the General Insurance Association of Singapore ("GIA") mey/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 Monetory Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of 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 enqueies by tre.
 - (iv) administering my claims (including the mailing of correspondence, statements, invesces, reports or collect 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 thanding 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 survice 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 in story 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
 - (a) for complying with regaltements under any regulations, laws or court orders

Policyholder's Sgnature Date & Time Driver's Signature (If driver is not the policyholder) Date & Time Reporting Centre Personnel's Signature Name NRIC/FIN No

Accident Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 15th Nor 20th at around 9:30pm. I was driving along Cross Street En any way to pict up any wide. My clause that (5 years old) was travelling unto me in the re-buckled in her are read at the last row As I crossed the T-junction (Upper Cross Greet South Ende Red I stoned to a stationary stop as the ray in fact of me att Inde Surbling - Hether to me I felt ato I heard a lough boary and felt like impact of a stry tro Suchlary - Hether to me I felt ato I heard a lough boary and felt like impact of a stry tro Included a text (CHE PUDIC) had combed into my sure and could the chain cellision As we wore at the traffice light junction it was clear that the taxi draw was accelerating to try to beat the red light and centality in these BECLARATION I/We declare the foregoing particulars are true in every respect.					
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Date & Time:

Name: MRIC/FIN No