

## 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 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 14:09
Date Of Accident	08/11/2018 14:45
Exact Location Of Accident	JUNCTION OF BUKIT TIMAH RD & CAVENAGH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6470B
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#### Insured/Policyholder

Name Of Registered Owner	NICHOLAS EDWARD SHAW
Co Reg No	G6301753T
Email Address	NICHOLASSHAW@PETREDEC.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91070754

#### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 TSI (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 REPORTING ONLY

Vehicle Category PRIVATE CAR

#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA160630
Cover Note Number	

#### Driver

Name of Driver	YOU DAYOUNG
Passport No/FIN	G5477718W
Date Of Birth	30/08/1983
Occupation	INDOOR
Date Of Driving Pass	16/01/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88187515
Fax Number	
Contact Number	
Email Address	DBEKIS44@NAVER.COM

Address	93 KELLOCK RD #04-03
Postcode	248904
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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

REFER TO SKETCH PLAN

#### 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	PC5977T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

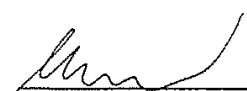
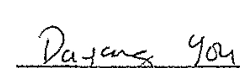
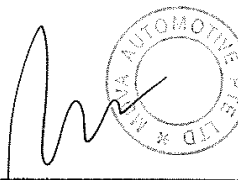
**SKETCH PLAN**

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8. **Consent under the Personal Data Protection Act (PDPA)**

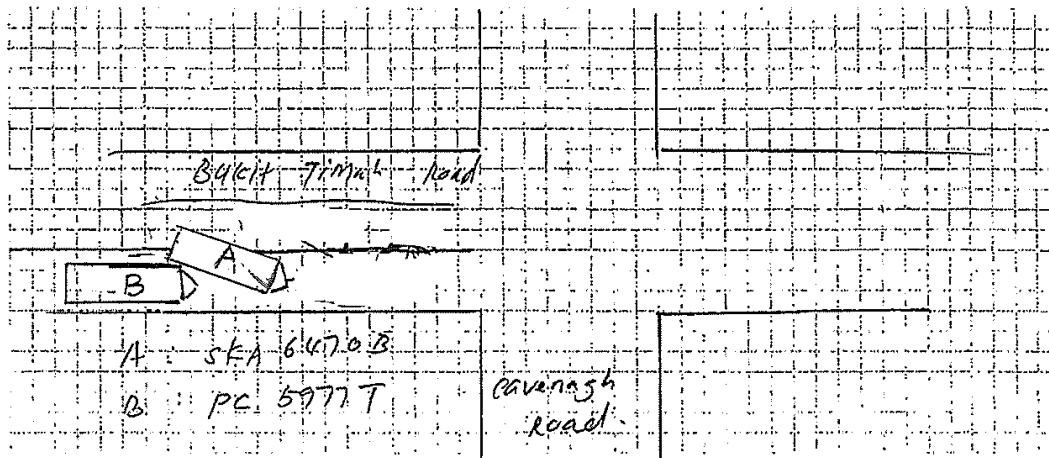
I understand, acknowledge, agree and consent that:

- (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.
- (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:
  - (i) 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: 16/11/18 13.36	 Driver's Signature (If driver is not the policyholder) Date & Time: 16/11/18 13.36	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKA 6470 B	ACCIDENT DATE & TIME: 8 / Nov. 2:45 PM.
CONTACT NUMBER: 88187515	E-MAIL ADDRESS: dbekis44@gmail.com
LOCATION: Junction of Bukit Timah / Cavenagh Road.	
<p>When I was driving along Bukit Timah Road I signal right and check it clear to change lane, suddenly I felt an impact from behind, vehicle PC 5977 T hit the rear right portion of my vehicle.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

13.36

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

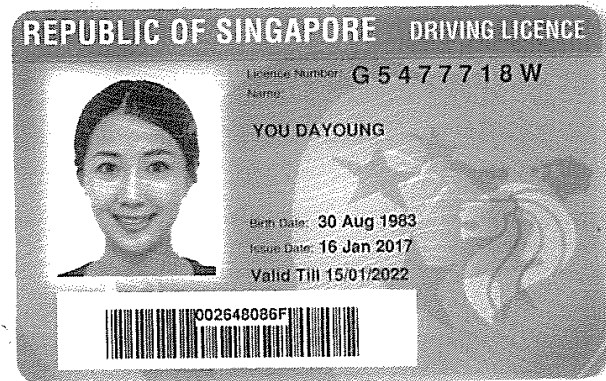
13.36

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

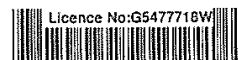
CRASH Sketch Form 03



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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq$ 2500kg	16 Jan 2017

NP 428A



Licence No: G5477718W

**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**PETREDEC INTERNATIONAL PTE. LTD.**

Name  
**SHAW NICHOLAS EDWARD**


Occupation  
**ENERGY TRADER**

FIN  
**G6301753T**

Date of Application  
**02-02-2017**

Date of Issue  
**01-03-2017**

Date of Expiry  
**01-02-2019**



**L7682825**

**VISIT PASS**  
Immigration Regulations

Name  
**SHAW NICHOLAS EDWARD**

 Date of Birth **18-04-1982** Sex **M** Nationality **BRITISH**  
FIN **G6301753T** Date of Issue **01-03-2017** Date of Expiry **01-02-2019**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





redefining / insurance

NICHOLAS EDWARD SHAW  
93 KELLOCK ROAD  
#04-03  
SINGAPORE 248904

AXA Insurance Pte Ltd  
☎ 1800 880 4888 (Within Singapore)  
(65) 6880 4888 (International)  
📠 (65) 6880 4740  
✉ customer.care@axa.com.sg  
🌐 www.axa.com.sg

**SmartDrive Comprehensive**  
**Essential**  
**Original**

date  
**08/05/2018**

policy number  
**VA1 / GA160630**

your servicing distributor  
**SINGCAPITAL PTE LTD / 04340**

your servicing distributor contact  
**68014088 /**

## Endorsement Note (Client Copy)

### Changes made to your policy

Dear NICHOLAS EDWARD SHAW,

We have received your request to make some changes to your policy. We agree to make the following changes as per the terms and conditions of your policy.

#### Your policy information

Period of Insurance	: from <b>27/01/2017</b> to <b>23/11/2018</b> (both dates inclusive)
Transaction Number	: AXA-MTR-SG-END-2018-17143
Effective Date	: <b>23/05/2018</b>
Additional Premium	: <b>SGD 693.78</b>

#### Changes made to your policy

1. Extension of Period of Insurance

#### What you should do

- Please refer to the Tax Invoice for payment instruction
- Keep this Endorsement Note for your record

AXA Insurance Pte Ltd

*This is an auto-generated document thus no signature is required*

Issued by 04340002-Noraini Binte Mohd on 08/05/2018

AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #81-01

1 of 1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

