#### 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.

	, be made available upon application by interested parties.  u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/11/2018 11:33
Date Of Accident	20/11/2018 09:20
Exact Location Of Accident	ALONG PIE TWDS CHANGI AIRPORT BEFORE KIM KEAT LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS5440L
Insured/Policyholder	
Name Of Registered Owner	NG KEE SIANG
NRIC No	S2506697I
Email Address	ADENNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98501211
Alternative Phone No	OFFICE-98501211

**Vehicle Particulars** 

Manufacturer HYUNDAI

Model FD I30 CW 1.6 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?

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

Policy Number GA258044 / 1

Cover Note Number 24/08/2018-23/08/2019

**Driver** 

Name of DriverNG REN ZHINRIC No\$8532047EDate Of Birth19/10/1985OccupationINDOORDate Of Driving Pass22/09/2006

Driving Experience 12 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98501211

Fax Number

Contact Number

EMail Address NOEMAIL

547B SEGAR ROAD Address

06-01

Postcode 672547

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface WET

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

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WANG HUIFING JASMINE

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

**Circumstances of Accident** 

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: **FILE TOO BIG** 

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SBU778E Vehicle Registration Number Vehicle Make/Model/Colour BMW X4

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

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- 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. 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
- 7. 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)

Lunderstand, 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)
  - (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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:
  - (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Ceptre Personnel's Signature

Name:

GIARMS Samel-Plantonia Vis

#### Sketch Plan Pg. 2

SKETCH PLAN	$\wedge$
	FW
	T (90)
	1 1 11
	111
	<del> </del>
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was driving along PE towards chargi Airport direction on 20,	11/18
worning. Rood Cardition was very after early worning rain.	
Traffic was moderate as usual with a driving speed of und	1
robon/6 on one 1.	
	plete
Stop while Veh B follows. I was nowne 50 m away	
Couldy at crowd 70 lon/h. I was more of the loatific	
and storted to breke to sow down vehicle. However, the	
brations line toole to larly my Vehicle to a Stop was	
longer than usual. Trake was Jammed as i was recon	5
	10p,
	i c
Stheral my Vehice to the right.	
No ining Signal for all parties, bowers, 3 of farty refu	, , , ,
provide driving license or any particular, only Stating that he	will file Pol
You had been advised by workshop that in the event that you wish to claim Reporting Only	
against your own policy (OD claim), there is a <u>Fourteen (14) days clause</u>	
Whataby the claim must be made within the stipulated timeframe from	
whereby the claim must be made within the stipulated timeframe from the day of occurance.	
the day of occurance. Claim OD / TP at other wo	, Kartop
the day of occurance.	
the day of occurance.  Claim OD / TP at other wo	
the day of occurance.  Claim OD / TP at other wo	
DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature  Claim OD / TP at other wo	
DECLARATION  I/We declare the foregoing particulars are true in every respect.	

# **AXA FORM**

STATISTICS.	
AVA	and a first of the state of the
His B.	redefining / insurance
Date:	20/11/2016
	oner of Vehicle Number: SIS STILLUL
To: Ow	mer of Vehicle Number:
	llowing has been advised to you via your workshop, through their
staff,_	and the state of t
Please	tick the applicable box if you had been advice on the content as seen below:
6	You had been advised by the workshop that in the case that you wish to claim against your own policy,
1	there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe
	from the day of occurrence.
W	You had been advised by the workshop on the liability and merits of the case accordingly.
V	You had been advised by the workshop on the claims procedure for the type of claim that you will be
,	making due to this accident.
Vi	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no
, ,	other option except to indent it from overseas.
1	There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts
	have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
X	The estimated waiting time for the spare parts to arrive is The
,	estimated arrival time does not include the repair period.
1	You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
Vi	For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
	For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any
	combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
V	You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
V	For vehicles that are under warranty with a local distributor, you have been advised by the workshop
	to check with your local distributor on any effect to your warranty prior to making this Own Damage
/	claim.
1	Others
Carrie and	
signed	and acknowledge by:
Vame	and signature of policyholder/authorised driver
- Harrison	
	Corporation 1 mm
Vame :	signature of workshop personnel including company stamp

























