

## 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	03/12/2018 13:11
Date Of Accident	30/11/2018 18:20
Exact Location Of Accident	CTE TOWARDS AYE JUST BEFORE EXIT TO BUKIT TIMAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3840A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUCK KI KIAN, LILLIAN
NRIC No	S8115209H
Email Address	KAMELEON0306@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90477414
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA200 SHOOTING BRAKE (R18 BI)
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	VPA/P2030385
Cover Note Number	

### Driver

Name of Driver	KUCK KI KIAN, LILLIAN
NRIC No	S8115209H
Date Of Birth	03/06/1981
Occupation	INDOOR
Date Of Driving Pass	31/03/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90477414
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	KAMELEON0306@YAHOO.COM.SG

Address	BLK 435 YISHUN AVENUE 6 #12-2108
Postcode	760435
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	COLLISION - HEAD TO REAR
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
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

-

#### 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	SLR31Z
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**

**IMPORTANT NOTICE**

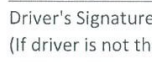
1. Please report **correctly** the details of the accident to speed up the claims process.
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8. **Consent under the Personal Data Protection Act (PDPA)**

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: 3/12/18  
1.12pm

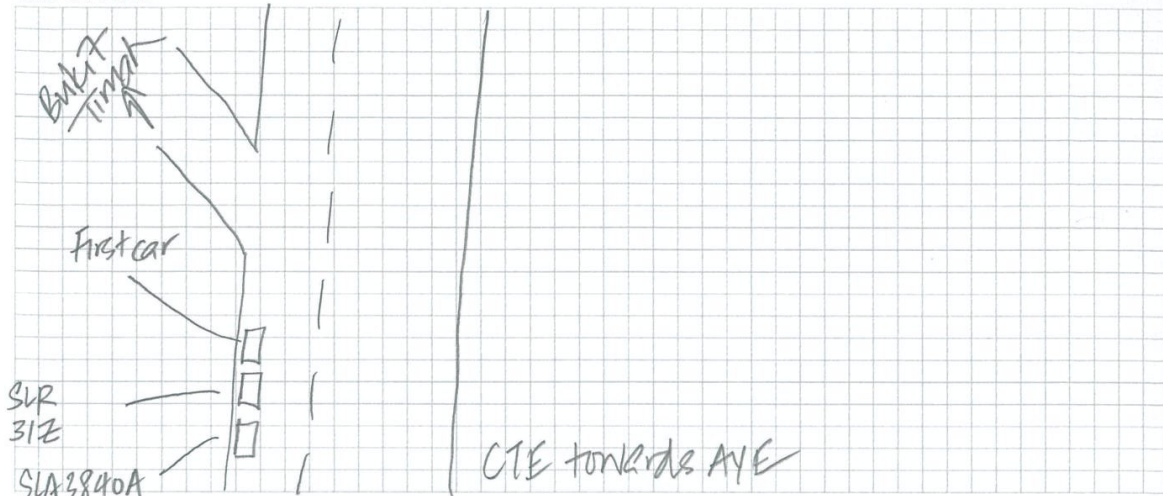
GIA/ME SketchPlanForm\_V3

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan Pg. 2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: <u>SLA3840A</u>	ACCIDENT DATE & TIME: <u>30 Nov 2018 6.20pm</u>
CONTACT NUMBER: <u>90417414</u>	E-MAIL ADDRESS: <u>kameleon0306@yahoo.com.sg</u>
LOCATION: <u>CTE towards AVE, just before exit to Bukit Timah Exit.</u>	
<p>I was on last lane about to exit in Cairn Hill. First car emergency-braked, hence SLR31Z did the same, and I did the same. First car went off. I did not feel any impact, was abt to go off, when I saw SLR31Z alter to shoulder. I did the same, and subsequently SLR31Z said I hit his back bumper. I checked my car, and there were no scratches at all. We decided that we will make <del>an</del> a report.</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 & Time: 3/12/18 1.12pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8115209H

Name:

KUCK LI LIAN, LILLIAN  
(GUO LILIAN, LILLIAN)

Birth Date: 03 Jun 1981

Issue Date: 31 Mar 2005

001332488K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8115209H

Name

KUCK LI LIAN, LILLIAN  
(GUO LILIAN, LILLIAN)

郭 丽 莲

Race

CHINESE

Date of birth

03-06-1981

Sex

F

Country of birth

SINGAPORE

S8115209H



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

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

PASS DATE

31 Mar 2005

NP 428A

Licence No: S8115209H

486189

NRIC No S8115209H

Date of issue

07-05-2012

Address

APT BLK 435 YISHUN AVENUE 6  
#12-2108  
SINGAPORE 760435



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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Accident Photo

