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 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.
- 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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Date Of Report 26/11/2018 17:47

Date Of Accident 24/11/2018 08:15

Exact Location Of Accident TUAS WEST AVE SINGAPORE 638427

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ6487J

Insured/Policyholder

 Name Of Registered Owner
 NG HAK SENG

 NRIC No
 \$1686157Z

 Email Address
 NOEMAIL

Mobile Phone No (LOCAL) +65-91262585
Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer BMW Model 523I-2.5 (A)

Exact Purpose for which vehicle was being used at

time of accident

NORMAL USAGE

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 GA076060

Cover Note Number

Driver

 Name of Driver
 NG HAK SENG

 NRIC No
 \$1686157Z

 Date Of Birth
 13/11/1965

 Occupation
 INDOOR

 Date Of Driving Pass
 20/05/1987

Driving Experience 31 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91262585

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address NOEMAIL

Address BLK 111 LORONG 1 TOA PAYOH #09-356

Postcode 310111

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

CANIAL

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

0

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.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REFER TO OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH2117T
Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver SONG KOK HUA NRIC/Passport Number S0913966D

Contact Number

97980539

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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.
- R. 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 the purpose(s).
 - processing, handling ana/or dealing with my daims 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 pring about delivery of the same as well as on the external cover of envelopes/mair packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' (awyers/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, lovestigation 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

Polit Sholder's Signature

Date & Time

Driver's Signature

(if drawer is not the policyholder)

Date & Time

Steporting Centre Personnel's Signature

Name: Amos NRIC/FIN No.:

SUMMER SAME PROPERTY.

Sketch Plan #2

AUE (5638427) TORS WEST SKETCH PLAN B BBH 2077 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT carpark Tuns west GBH 2117 T There No ore uns injured DECLARATION //We declare the foregoing particulars are true in every respect. 2018 Policybolde?'s Signature. Driver's Signature Date & Time: Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: Parinet

NRIC/FIN No.

Date & Time:

SWING SUSSESSMENT VI

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