#### 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	10/12/2018 17:08
Date Of Accident	10/12/2018 13:30
Exact Location Of Accident	TELOK KURAU ROAD SLIP ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFR1611P
Insured/Policyholder	
Name Of Registered Owner	LIM SUE HUAT NICK
NRIC No	S7111281J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97956777
Alternative Phone No	OFFICE-97956777
Vehicle Particulars	
Manufacturer	BMW
Model	X5
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	GA179320
Cover Note Number	
Driver	

**NEO YAN LING** Name of Driver NRIC No S7520450G Date Of Birth 10/07/1975 Occupation **INDOOR** Date Of Driving Pass 02/05/1996

22 YEARS AND 7 MONTHS **Driving Experience** 

**FEMALE** Gender

Mobile Number (LOCAL) +65-98763191

Fax Number

Contact Number

**EMail Address NOEMAIL** 

59 LORONG G TELOK KURAU #05-01 Address

Postcode 426244 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 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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1 NAME: : ADA LIM

> GENDER: : FEMALE

Passenger 2 NAME: : ANGEL LIM

> GENDER: : FEMALE

Passenger 3 NAME: : WEI SHAN

> GENDER: : FEMALE

#### **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**

I JUST STARTED TO REVERSE MY VEHICLE AFTER CHECKING THAT TRAFFIC IS CLEAR. WHEN SUDDENLY, VEHICLE B COLLIDED ONTO MY VEHICLE'S REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLE4391B

Vehicle Make/Model/Colour

VEHICLE B **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 Pg. 1

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- 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)

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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

DIVELCITE LAW DESCRIBE CIRCUMSTANCES OF THE ACCIDENT checkin vehich t, after thou traffic reverse suddel. vehil: İs collided Postion-DECLARATION I/We declare the foregoing particulars are true in every respect.

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Policyh

Date & Time:

SINFORD SEWELT LANGUE A 11.5

# LETTER OF UNDERTAKING

I/We, CIM SUE HUAT MICK	, the owner of vehic	cle no. XTK (6/17
My/Our Insurance is under M/s AXA Installation under my/our Policy or against the such a claim to M/s AXA Insurance Pte I within 14(fourteen) days of occurrence	e Third Party and if the fo Ltd with all relevant fact	ormer shall submit s and documents
My/Our Third Party claim is handle by n	ny/our preferred worksho	op,·
Signed and Acknowledge by:		,
M		10/15/2018
Nric no. & signature of policyholder	Company stamp	Date

#### Sketch Plan #4 Pg. 1

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7520450G

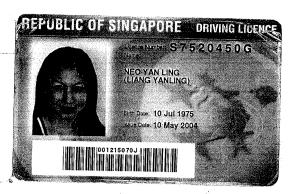


NEO YAN LING (LIANG YANLING) 梁 燕 玲

Race CHINESE

Date of birth Sex 10-07-1975 F Country of birth

SINGAPORE





11-07-2005

UD LORONG G TELOK KURAU #05-01 SINGAPORE 426244

NRIC No: 876204506 Date: 05/08/2018 (R)

3739922 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES).

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

02 May 1996









