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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	22/12/2018 09:23
Date Of Accident	21/12/2018 23:30
Exact Location Of Accident	TPE TWDS SLE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD9891K
Insured/Policyholder	
Name Of Registered Owner	YEE MEI LIAN ELIZA
NRIC No	S8416943I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98311683
Alternative Phone No	OFFICE-98311683
Vehicle Particulars	
Manufacturer	SKODA
Model	KODIAQ 1.4 110KW AMB PLUS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	VPA/P2178272
Cover Note Number	
Driver	
Name of Driver	YEE MEI LIAN ELIZA
NRIC No	S8416943I
Date Of Birth	08/06/1984
Occupation	INDOOR
Date Of Driving Pass	04/07/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98311683
Fax Number	
Contact Number	OFFICE-98311683
EMail Address	NOEMAIL

Address	1 PASIR RIS RISE #05-02
Postcode	518080
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 (including own vehicle) 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?	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?	YES
Remarks/ Reasons:	VIDEO AVAILABLE UPON REQUEST
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2520L
Vehicle Make/Model/Colour	PREMIER
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WANG CHONG HENG
NRIC/Passport Number	S6946672I
Contact Number	81120250
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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)**

   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:

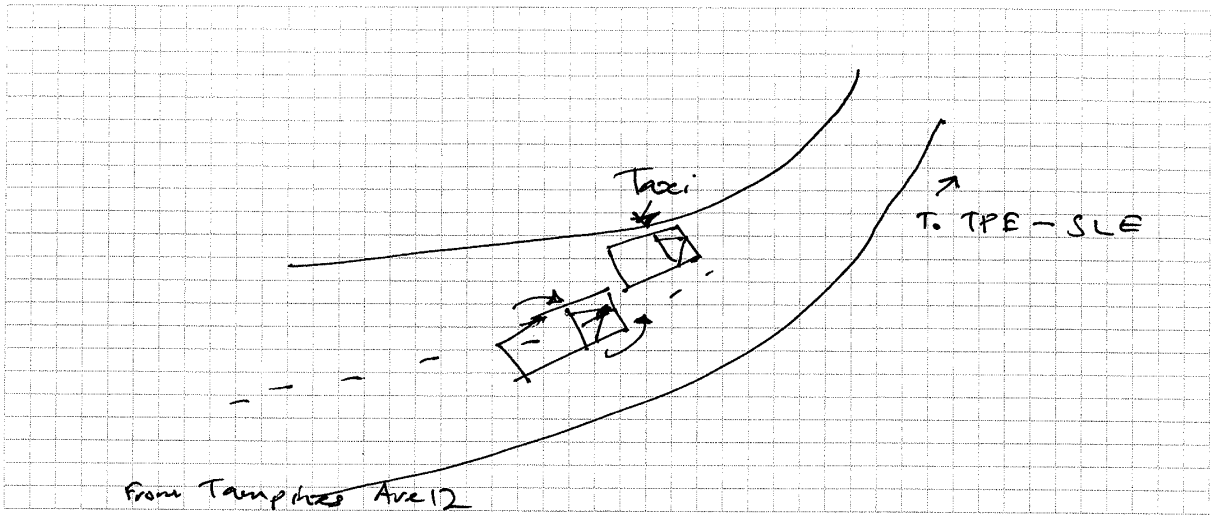
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

VOLKSWAGEN GROUP SINGAPORE
81030002

Policyholder's Signature Date & Time: 22/12/2018 9.10 am	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature 22/12/18. Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/12/2018 at about 11.30 pm, I was entering a slip road into TPE/SLE from Tampines Ave 12 when a taxi stopped in front of me without any hazard lights or any indication on the merging lane. I kept a safe distance but was still unable to prevent the collision. The driver came out of the car and mentioned that he had to stop because he was ferrying drunk passengers and they were rowdy. I have the recording of the explanation by him. There was no injuries sustained to the driver or passengers.

Taxi Plate No: SHD 2520L

Name of taxi Driver: Wang Chong Heng

I/C : S6946672I Hp: 81120250

DECLARATION

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

Policyholder's Signature
Date & Time: 22/12/2018 9.10 am

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

VOLKSWAGEN GROUP SINGAPORE
81030002

22/12/18.

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

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel:1800 8804888 Fax:-
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.care@axa.com.sg

Private Cars COMP
POLICY SCHEDULE
NEW BUSINESS
Original

POLICY INFORMATION	**Policy No. : VPA/P2178272**
Source	: (01) 16720 ARF (AP) PTE LTD (SKODA)
Insured	: YEE MEI LIAN ELIZA (YU MEILIAN)
Address	: 1 PASIR RIS RISE #05-02 SINGAPORE 518080
Business/Profession	: FINANCE MANAGER Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.
Period of Insurance	: From 13/09/2018 To 12/09/2019 (Both Dates Inclusive)
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.	

PREMIUM

Premium After 50.00% NCD	: SGD 1,552.14
Prem W/Shop Disc 15.00%	: SGD 232.82
GST 7.00%	: SGD 92.35
Annual Premium	: SGD 1,411.68
Total Payable	: SGD 1,411.68

RISK DETAILS THE MOTOR VEHICLE

Type Of Cover	: Comprehensive
Regn No.	: SMD9891K
Type Of Use	: Private Car
Make/Model	: SKODA KODIAQ 1.4 TSI
Year of Manufacture	: 2018 Seating Capacity (excl. Driver) : 05
Body Type	: SPORTS UTILITY VEHICLE Engine C.C. : 1395
Engine No.	: CZE821178
Chassis No.	: TMBKC7NS1J8098347
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)
Limitations as to Use	: As specified in Certificate of Insurance
Hire Purchase	: DBS BANK LTD

Excess Applicable

Basic Own Damage Excess : SGD 750.00

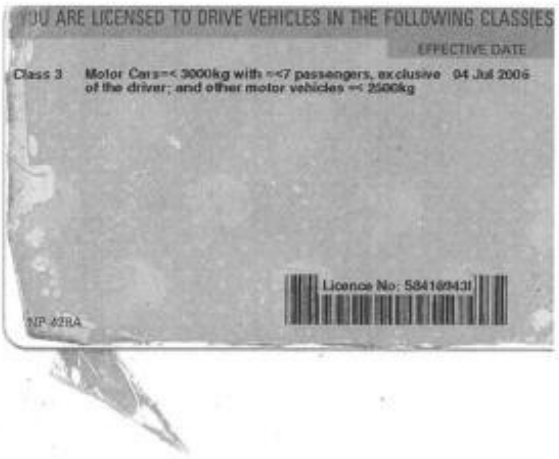
Named Drivers

1 YEE MEI LIAN ELIZA (YU MEILIAN)

MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS

Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:

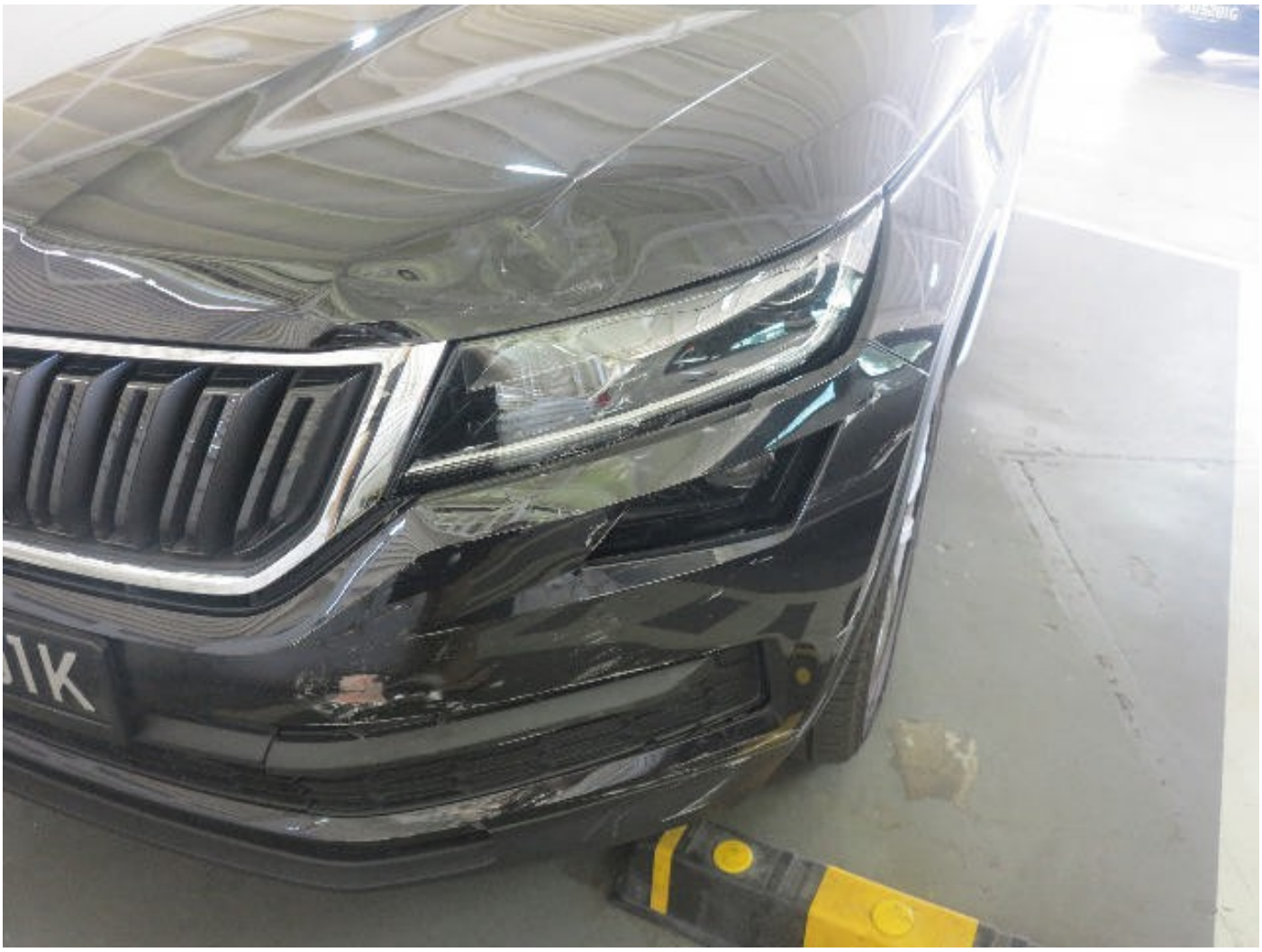
Sketch Plan #4



Accident Photo

Accident Photo

Accident Photo



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