

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 | 12/12/2018 11:22 |
| Date Of Accident | 11/12/2018 19:30 |
| Exact Location Of Accident | CAIRNHILL ROAD (NEXT TO ENVIRONMENT BUILDING) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLR8806C |
| Insured/Policyholder | |
| Name Of Registered Owner | CHAN EE CHONG |
| NRIC No | S7123239E |
| Email Address | EEXCHONG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97650650 |
| Alternative Phone No | OTHERS-97644019 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | BMW |
| Model | 216 (DIESEL) |
| 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? | 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/P2118046 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHAN EE CHONG |
| NRIC No | S7123239E |
| Date Of Birth | 16/07/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/07/1993 |
| Driving Experience | 25 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | +65-97650650 |
| Fax Number | |
| Contact Number | OTHERS-97644019 |
| Email Address | EEXCHONG@GMAIL.COM |

| | |
|---|----------------------------|
| Address | 31 CAIRNHILL CIRCLE #14-02 |
| Postcode | 229774 |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | DIZZLING |
| 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 |
| 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) | 3 |
| Passenger 1 | NAME: : VIVIENNE GWEE GENDER: : FEMALE |
| Passenger 2 | NAME: : CHRISTIAN DAVID CHAN GENDER: : MALE |

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 ATTACH.

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 | SKX8234H |
| Vehicle Make/Model/Colour | MINI (WHITE) |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MS WU MENG JIAO |
| NRIC/Passport Number | G2527829T |
| Contact Number | 82667929 |
| Address | |
| Postcode | |
| Insurance Company Name | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |

| | |
|-------------------------------------|---------------|
| Nature Of Damage | FRONT & RIGHT |
| No. Of Passenger (Including Driver) | 2 |
| Passenger 1 | NAME: : |
| | GENDER: : |

Sketch Plan Pg. 1

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.

Policyholder's Signature

Date & Time:

12/12/18 10 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

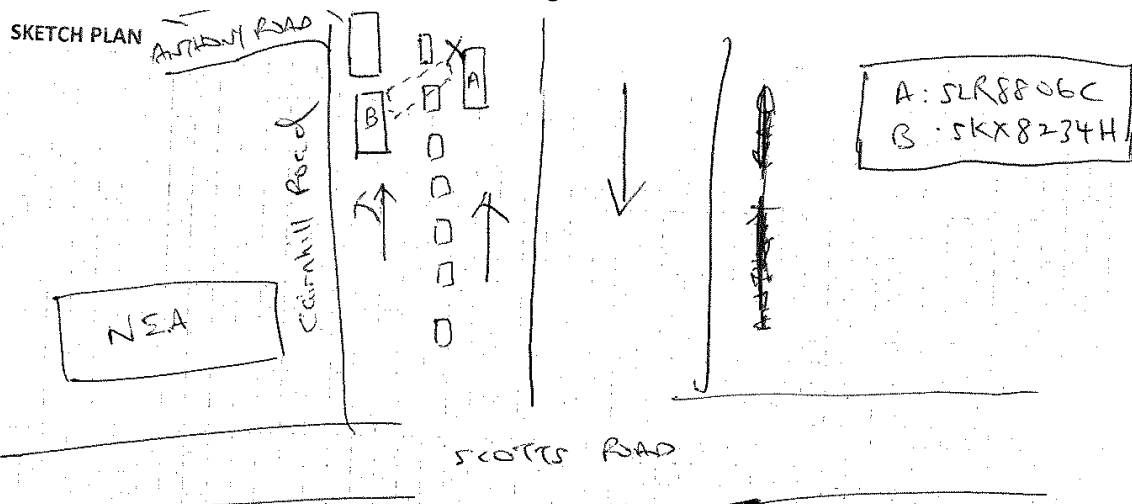
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12/12/18
10.00

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11 Dec 2018, about 7:27 PM, I was driving along Cairnhill Road after turning right from Scotts Road. The road condition was slippery as there is a slight drizzle after a heavy rain earlier.

I was driving on the right side (straight only) lane and noticed that there were a few cars on the left lane (straight and left turn lane).

As I was approaching the junction of Cairnhill Road and Anthony Road, I felt an impact on the left side of the car and my car was swung all the way to the right ending up on the opposite side of the road. Luckily there were no on-coming traffic at that time.

Upon examination of the car, I realized that my ~~left~~ front end portion (bumper, headlamp, wheels) started and rim scratched. Also realized my left rear door fender and skirting dented & scratched.

DECLARATION

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

Policyholder's Signature

Date & Time:

12/12/18 10:40 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12/12/18
10:00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



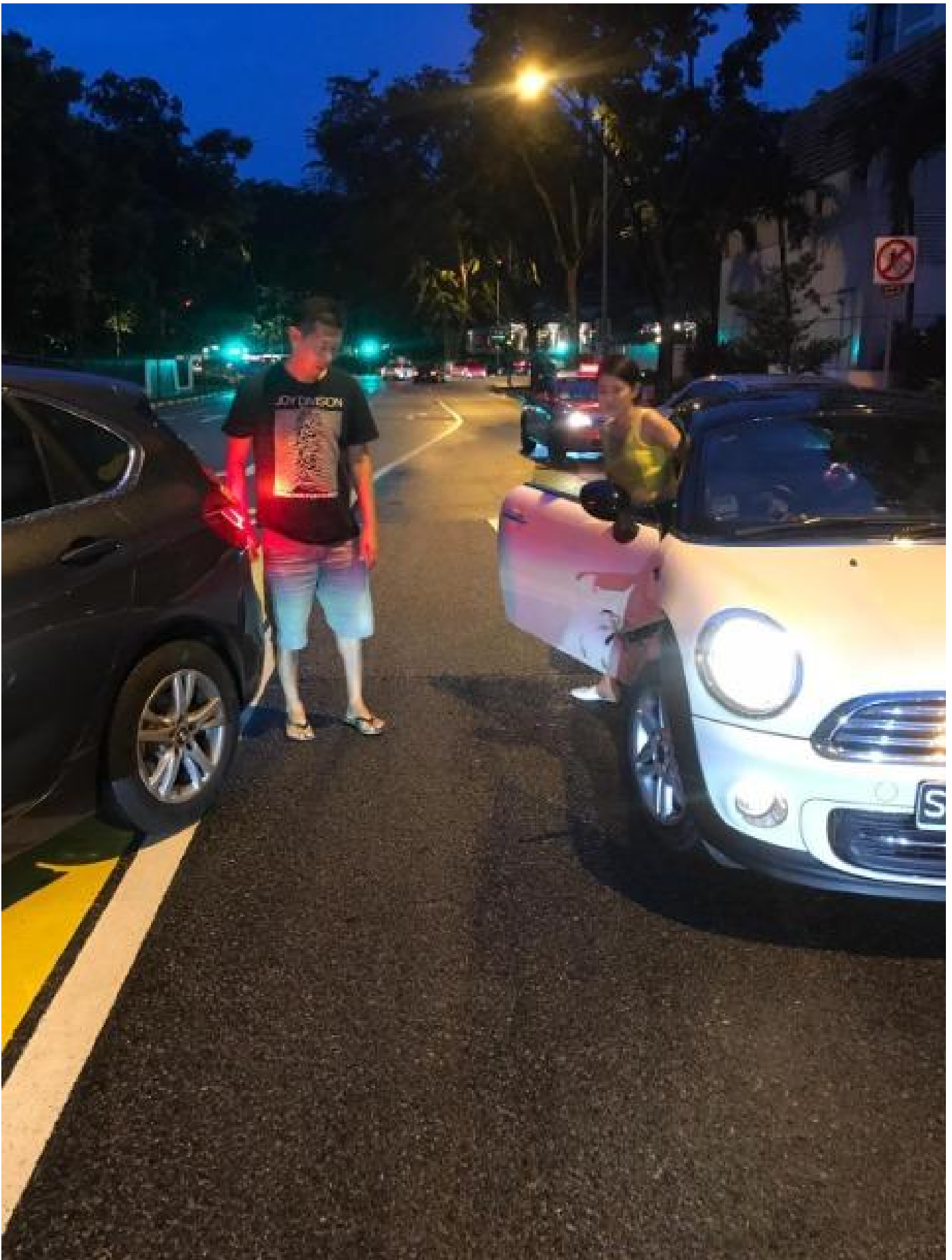
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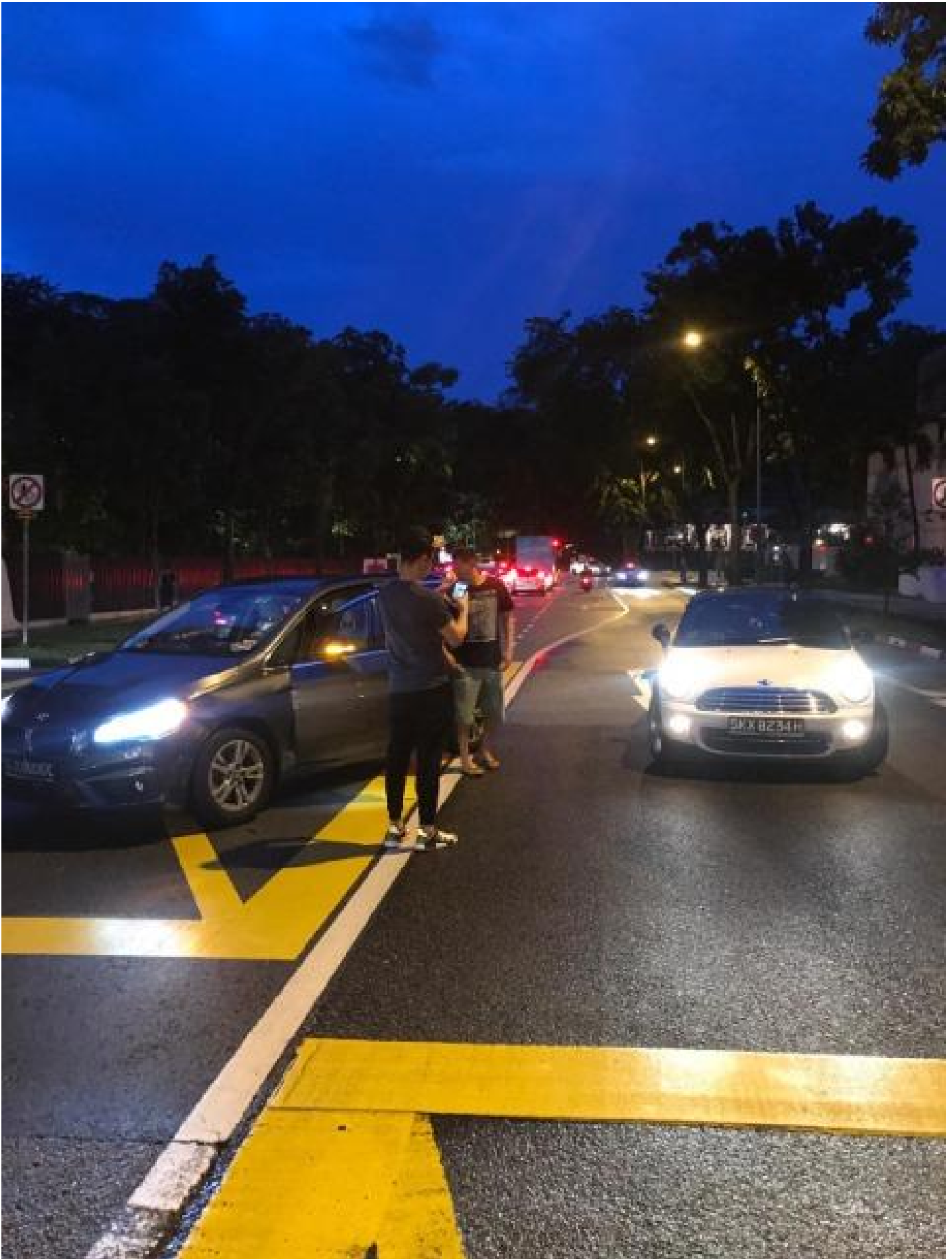
Accident Photo



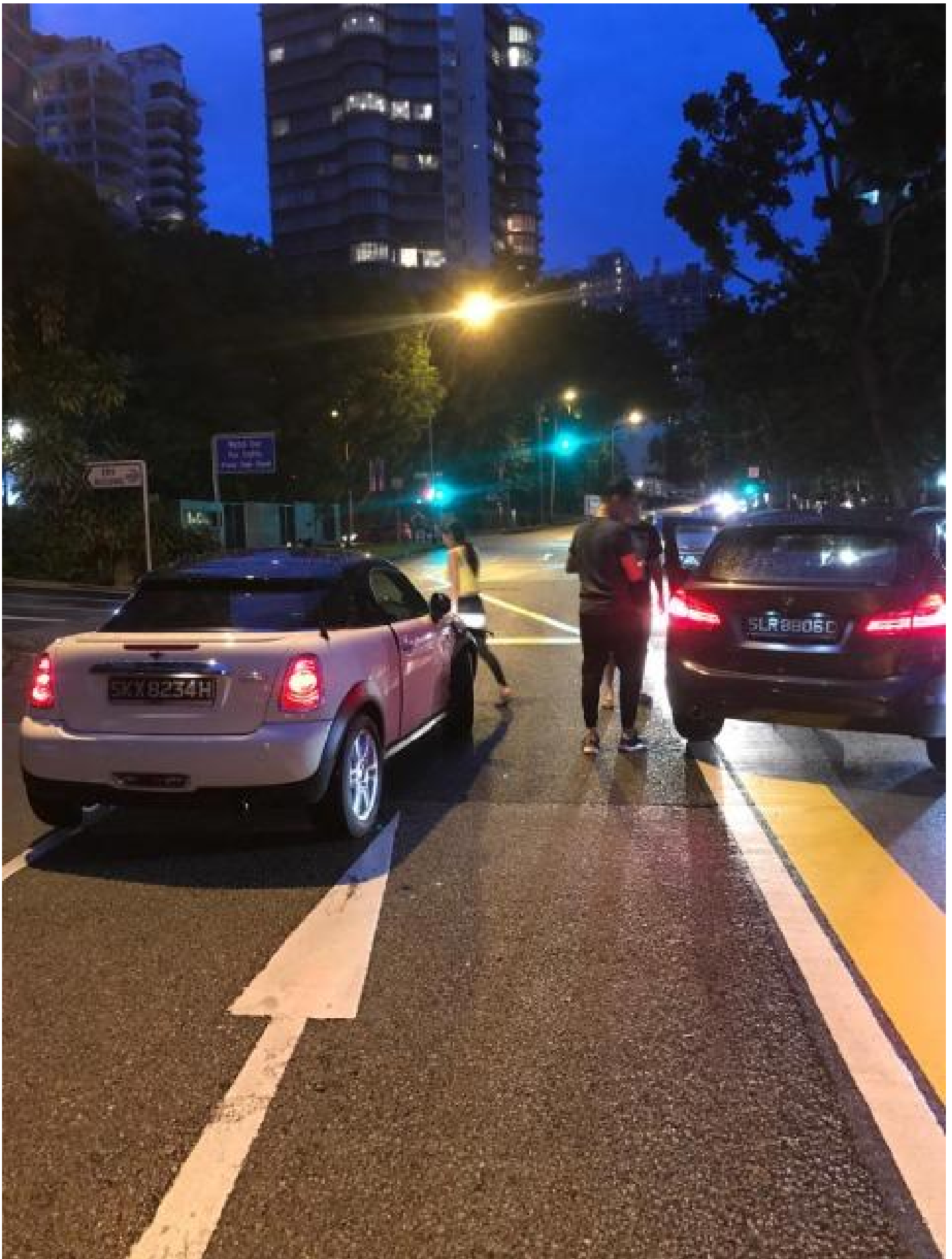
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



12/17/2018

PHOTO-2018-12-17-15-47-19.jpg



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 8 Raffles Quay #15-00 Singapore 048604
 Tel (65) 6724 0610 Fax (65) 6724 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 SAT: 09:00:00 / SAT: 09:00:00 / SAT: 09:00:00

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SLR 8806 C
 Name (as shown in NRIC): CHAN EE CHANG NRIC/FIN/Passport No: S71232391E
 (* Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address: 81 Cairnhill Circle, #14-02 Singapore 229774
 Contact (Tel): _____ Mobile No.: 97650650
 Email Address: eechang@gmail.com
 Date of Accident: 11/12/2019 Time of Accident: 7:27 pm
 Place of Accident: Cairnhill Road
 Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to claim against my own
insurance company and revert back to
3rd party insurance claim.

Policyholder / Driver's Signature

Date:

17/12/2018

CHIA KEE SIN

Performance Motors Limited
 203 Alexandra Road
 Singapore Performance Centre
 Singapore 159974

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

11/12/2018
@ 16



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECOVER MANAGEMENT CENTRE
 4, Golden Square #15-05 Singapore 238004
 Tel: 635 8334 8010 Fax: 635 8334 8000
 Operating Hours: Monday to Friday, 09:00 - 17:00
 Email: giass@giass.com.sg Web: www.giass.com.sg

IMPORTANT NOTE: Please submit the completed Addendum form to the GIASS Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: CHAW EE CHENG Vehicle Registration No: SLR 8806 C
 Name (as shown in form): CHAW EE CHENG NRIC/FIN/Passport No: S7128289E
 (*Vehicle Driver / Vehicle Owner) (*Please delete as appropriate)
 Address: 31 Cairnhill Circle, #14-02 Singapore 221774
 Contact (Tel): - Mobile No: 97650650
 Email Address: eeexchang@gmail.com
 Date of Accident: 11/12/2018 Time of Accident: 7:27 pm
 Place of Accident: Cairnhill Road
 Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① I would like to claim against my own insurance company and revert back to 3rd party insurance claim.

② Addition to my statement: The driver of SKX8234H must have carelessly dived into my lane when my car is already ~~next~~ next to her as I do not have time to e-brake at all. She impatiently switched out of her lane as the front car was turning left and she had to wait. From the photos taken, it is obvious that SKX8234H barged into my car or both cars are forced to be right.

Policyholder / Driver's Signature

Date:

17/12/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

my car or both cars are forced to be right. Thank you.