SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

Date Of Report Date Of Accident TAMPINES AVE 7 TO TAMPINES AVE 2 BSD BLK 372 SINGAPORE DETAILS OF OWN VEHICLE //ehicle Registration Number SKA8162C SINGAPORE //ehicle Registration Number SKA8162C //ehicle Registration Number SKA8162C //ehicle Registration Number TAN YONG JOO S1691638B NOEMAIL Mobile Phone No (LOCAL) +65-92244556 //ehicle Particulars //ehicle Date of which vehicle was being used at ime of accident //er you claiming under your own insurance policy or repair to your vehicle? // No, Please state action to be taken THIRD PARTY //ehicle Category PRIVATE USE //ehicle Category // PrivATE CAR // No Please State Action to be taken THIRD PARTY //ehicle Category // PrivATE CAR // No Please State Action to Be taken THIRD PARTY // PrivATE CAR // Insurance Company // AXA INSURANCE PTE LTD // PrivATE CAR // Surance Company // AXA INSURANCE PTE LTD // HIRD PARTY FIRE AND/OR THEFT // Order Of Coverage THIRD PARTY FIRE AND/OR THEFT // Order Note Number // Order Note Number // Order Of Driver // WIRC No S8505841Z // Order Of Driver // WIRC No S8505841Z // Order Of Driving Pass O// 1/2/2004 // Order Of Driving Pass O	aforesaid.	ACCIDENT STATEMENT	
Date Of Accident 15/01/2019 22:15 Exact Location Of Accident TAMPINES AVE 7 TO TAMPINES AVE 2 BSD BLK 372 SINGAPORE DETAILS OF OWN VEHICLE Wehicle Registration Number SKA8162C Insured/Policyholder Name of Registered Owner TAN YONG JOO NITEMS 100 S1691638B Insurance Owner No (LOCAL) +65-92244556 NOEMAIL Monufacturer HONDA Milemative Phone No (TIVIC 1.8L A Exact Purpose for which vehicle was being used at me of accident with a category private Category PRIVATE CAR Insurance Company No Private Category PRIVATE CAR Insurance Company Name of Insurance Company AXA INSURANCE PTE LTD THIRD PARTY FIRE AND/OR THEFT Dielet Policy No Policy Number GA35314/1 Dielet Policy No Policy Number GA355314/1 Dielet Of Driver Name of Name Driver Name of N			
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE			
Details of Loss DETAILS OF OWN VEHICLE SKA8162C Insured/Policyholder Name Of Registered Owner Monufacturer M			
Vehicle Registration Number SKA8162C nsured/Policyholder Jame Of Registered Owner TAN YONG JOO S1691638B Timal Address NOEMAIL Mobile Phone No (LOCAL) +65-92244556 Menual Facturar HONDA Model CIVIC 1.8L A Exact Purpose for which vehicle was being used at me of accident for your vehicle? Any Policy Policy Policy Policy Private Care In No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE CAR Insurance Company Jame of Insurance Company Jame of Insurance Company Jame of Driver GA235314/1 Jame of Driver HUANG ZHICIIN Jame of Driving Pass Driving Experience ALI Jame of Driving Pass Driving Experience Jame of Driving Pass John JOO CALL +65-92244556 Jame of Driving Pass John JOO CALL +65-92244556 Jame of Driver MALE John JOO CALL +65-92244556			
Rehicle Registration Number SKA8162C INSURED POLICY Polic	A SECURITION OF THE PROPERTY O		
Insured/Policyholder Name Of Registered Owner Name Of Registered Owner Name Of Registered Owner No S1691638B NOEMAIL (LOCAL) +65-92244556 NOEMAIL (LOCAL) +65-92244556 NOEMAIL NOEMAIL	But the same deviation is a little of the ball of the property of the same and the		
Name Of Registered Owner NRIC No S1691638B NOEMAIL (LOCAL) +65-92244556 NOEMAIL (LOCAL) +65-9244556 NOEMAIL (LOCAL) +65-92244556		SKA8162C	
S1691638B MOEMAIL Mobile Phone No (LOCAL) +65-92244556 OTHERS-92244556 Vehicle Particulars Manufacturer Module Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category AXA INSURANCE PTE LTD THIRD PARTY FIRE AND/OR THEFT Spee Of Coverage THIRD PARTY FIRE AND/OR THEFT Cover Note Number Oriver Jame of Driver Jam			
Email Address NOEMAIL Mobile Phone No (LOCAL) +65-92244556 Moternative Phone No OTHERS-92244556 Moternative Phone No OTHERS-92244556 Moternative Phone No OTHERS-92244556 Manufacturer Model Fixed Particulars Manufacturer Model CIVIC 1.8L A Exact Purpose for which vehicle was being used at me of accident More you claiming under your own insurance policy or repair to your vehicle? Mo Please state action to be taken THIRD PARTY Periodic Category PRIVATE CAR Insurance Company Mame of Insurance Company AXA INSURANCE PTE LTD THIRD PARTY FIRE AND/OR THEFT Moter Policy NO Policy Number Get Policy No Policy Number Mame of Driver Manuel Moternative Modernative Mode	Name Of Registered Owner	TAN YONG JOO	
Mobile Phone No Alternative Phone No OTHERS-92244556 Alternative Phone No OTHERS-92244556 Menufacturer Model CIVIC 1.8L A Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Alternative Present of Insurance Company AXA INSURANCE PTE LTD THIRD PARTY FIRE AND/OR THEFT THIRD PARTY FIRE	NRIC No	S1691638B	
Atternative Phone No OTHERS-92244556 Wehicle Particulars Manufacturer Model CIVIC 1.8L A Exact Purpose for which vehicle was being used at Ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Alehicle Category PRIVATE CAR THIRD PARTY PRIVATE CAR THIRD PARTY FIRE AND/OR THEFT THIRD PARTY THIRD	Email Address	NOEMAIL	
Wehicle Particulars Manufacturer Model CIVIC 1.8L A CEXACT Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? NO	Mobile Phone No	(LOCAL) +65-92244556	
Manufacturer Model CIVIC 1.8L A Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle? NO THIRD PARTY Pehicle Category PRIVATE CAR INSURANCE PTE LTD PARTY FIRE AND/OR THEFT Property Pr	Alternative Phone No	OTHERS-92244556	
And del Civic 1.8L A Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? And you claiming under your own insurance policy or repair to your vehicle? And No. Please state action to be taken THIRD PARTY PRIVATE CAR PRIVATE CAR PRIVATE CAR THIRD PARTY PRIVATE CAR THIRD PARTY FIRE AND/OR THEFT THIRD PARTY FI	Vehicle Particulars		
Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken ITHIRD PARTY PRIVATE CAR THIRD PARTY FIRE AND/OR THEFT THIRD PARTY THE AND/OR THEFT	Manufacturer	HONDA	
ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE CAR Insurance Company	Model	CIVIC 1.8L A	
or repair to your vehicle? If No, Please state action to be taken PRIVATE CAR THIRD PARTY PRIVATE CAR THIRD PARTY Insurance Company Name of Insurance Company Name of Insurance Company AXA INSURANCE PTE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Private Policy NO Policy Number Cover Note Number Priver Name of Driver Name of Driver NRIC No S8505841Z Date Of Birth Docupation Driving Pass Driving Experience 14 YEARS AND 1 MONTH MALE Mobile Number (LOCAL) +65-92244556	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
PRIVATE CAR PRIVA	Are you claiming under your own insurance policy for repair to your vehicle?	NO	
Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company No Subject Of Coverage THIRD PARTY FIRE AND/OR THEFT THEE Policy NO Colicy Number Cover Note Number Cover Note Number Driver Name of Driver HUANG ZHIQIN NRIC No S8505841Z Date Of Birth 11/02/1985 Decupation INDOOR Date Of Driving Pass 02/12/2004 Driving Experience 14 YEARS AND 1 MONTH Gender Mobile Number (LOCAL) +65-92244556	If No, Please state action to be taken	THIRD PARTY	
Name of Insurance Company AXA INSURANCE PTE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT NO Policy Number GA235314/1 Cover Note Number Driver Name of Driver HUANG ZHIQIN S8505841Z Date Of Birth 11/02/1985 Decupation INDOOR Date Of Driving Pass 02/12/2004 Driving Experience 14 YEARS AND 1 MONTH Gender Mobile Number (LOCAL) +65-92244556	Vehicle Category	PRIVATE CAR	
THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO GA235314/1 Cover Note Number Driver Name of Driver NRIC No S8505841Z Date Of Birth Decupation Driving Pass Driving Experience 14 YEARS AND 1 MONTH Gender Mobile Number THIRD PARTY FIRE AND/OR THEFT NO GA235314/1 HUANG ZHIQIN S8505841Z 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985 11/02/1985	Insurance Company		
Fleet Policy Policy Number GA235314/1 Cover Note Number Driver Name of Driver HUANG ZHIQIN SRIC No S8505841Z Date Of Birth 11/02/1985 Decupation Date Of Driving Pass 02/12/2004 Driving Experience 14 YEARS AND 1 MONTH Gender Mobile Number Mobile Number (LOCAL) +65-92244556	Name of Insurance Company	AXA INSURANCE PTE LTD	
Policy Number GA235314/1 Cover Note Number Oriver Driver HUANG ZHIQIN NRIC No S8505841Z Date Of Birth 11/02/1985 Occupation INDOOR Date Of Driving Pass 02/12/2004 Oriving Experience 14 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-92244556	Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Cover Note Number Oriver Name of Driver HUANG ZHIQIN NRIC No \$8505841Z Date Of Birth \$11/02/1985 Occupation INDOOR Date Of Driving Pass \$02/12/2004 Oriving Experience \$14 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-92244556	Fleet Policy	NO	
Driver HUANG ZHIQIN NRIC No \$8505841Z Date Of Birth \$11/02/1985 Decupation INDOOR Date Of Driving Pass \$02/12/2004 Driving Experience \$14 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-92244556	Policy Number	GA235314/1	
Name of Driver NRIC No S8505841Z Date Of Birth Decupation Diving Pass Oziving Experience Mobile Number HUANG ZHIQIN S8505841Z 11/02/1985 INDOOR 10/2/1985 INDOOR 14 YEARS AND 1 MONTH MALE (LOCAL) +65-92244556	Cover Note Number		
NRIC No S8505841Z Date Of Birth 11/02/1985 Decupation INDOOR Date Of Driving Pass 02/12/2004 Driving Experience 14 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-92244556	Driver		
Date Of Birth 11/02/1985 Decupation INDOOR Date Of Driving Pass 02/12/2004 Driving Experience 14 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-92244556	Name of Driver	HUANG ZHIQIN	
Occupation INDOOR Date Of Driving Pass 02/12/2004 Driving Experience 14 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-92244556	NRIC No	S8505841Z	
Date Of Driving Pass Oz/12/2004 14 YEARS AND 1 MONTH Gender Mobile Number (LOCAL) +65-92244556	Date Of Birth	11/02/1985	
Oriving Experience 14 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-92244556	Occupation	INDOOR	
Oriving Experience 14 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-92244556	Date Of Driving Pass		
Gender MALE Mobile Number (LOCAL) +65-92244556	Driving Experience		
Mobile Number (LOCAL) +65-92244556	Gender		
	Mobile Number		
	Fax Number		
Contact Number	Contact Number		

NOEMAIL

291C BUKIT BATOK STREET 24 #17-31 SPORE 652291 Address

Postcode

Was driver an employee of the Insured's Company NO

FRIEND If No, Relationship of the Driver with the Insured

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 DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFP4407D

Vehicle Make/Model/Colour TOYOTA ESTIMA 2.4 A

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)

DETAILS OF INJURED PERSON 1

Name HUANG ZHIQIN Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKA8162C

YES

NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrestly the data is of the pasident to speed up the claims process
- 2. This Form must be completed by the Policyholder and/or the Authorised Drives.
- Information provided must be as truthful and accurate as possible. Any wilful must epresentation or with olding of material facts may allow insurance componies to repudiate policy liability.
- The leave and acceptance of this form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 2. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- By she lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to seplies of the report being made available afpressed.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent than

- (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:
 - (?) 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 particular ng. processing, manding and/or deeing with my claims (collectively the "Purposes")
- (b) all inswer(s) who have insules vehicle(s) involved in this assistant and the insulers' hwyers flow forms, may/are partition to solver, uso, disclose and/or avoids try Porsonal information (as the primary of the shows nulpotes) and
- (i) my Personal Intermetion may/can be disclosed by any of the insurers and/or \$1A by their their same service provides of agents(including their (awyers) aw forms), which may be a fed out the of Singapoine, for one or more of the above harpoine.
- The Personal Information will stable sollected and other through the plant is story for the purpose of front detection in contiguation and management, in presentance all future dating.
- a lie of transfer and referred under the above may be reserved to a comme
 - 3 to all injuries and/or any other third parties that assist in evaluating, investigating, controlling or managing fixed, logulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (a) for complying with requirements under any regulations, laws or court orders.

Polisy tolograpi gratura Date & Times

Triver sinjouture Of driver is not the policy bylan-Date & Comer

Augusting Centre Personners Signature Name: Six Knich I

NEICHWAD SECTIONS

SKETCH PLAN			
RIK			HILL
877			
		1	
T P N P D			>
Fam	pines Are 7 ters	oli Ave 2	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
		I'm at along Tampi	nes Ave
7 towards To	impines Ave Z be	side Blk 372, 1 c	Jas
travelling on	the entreme 1	et le I l	
0 00	THE CONTEME A	eft have and when	ing
front vehide	slow down one	d dop hence I tolle	ادما
suit. Sudde	mly I heard a	loud bong from b	ehind
and when I	alighted, I rea	lised that it was L	bhicle
(B) who	hit outo my Rea	r Portion of my vehice	le CA)
	majes to my ve		
	(A) SKH81	62 C	
	(B) SFP 41		
No. of the second			
Note: Please note that you	ur insurer may have 14 days tin	na frama for you to submit an Own Dar	nage Claim
and your own complete	nsive policy. Please check your	policy for more information.	
DECLARATION /We declare the foregoing particu	ATTENDED TO A PARTY		
Folloyholder's Signature Date & Timer	Oriver's Signature (if driver is not the policyholder)	Reporting Centre Personnel's Sig Name: Subsection	nature.