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 <u>truthful and accurate</u> 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, yo aforesaid.	u 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	28/01/2019 10:38	
Date Of Accident	28/01/2019 07:00	
Exact Location Of Accident	JUNC OF WEST COAST RD & CLEMENTI AVE 2	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU4053T	
Insured/Policyholder		
Name Of Registered Owner	LEE KAI LOONG	
NRIC No	S7622756Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97519047	
Alternative Phone No	OTHERS-97519047	

Vehicle Particulars

Manufacturer NISSAN

Model X-TRAIL 2.0 CVT

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 VA1/GA298069

Cover Note Number

Driver

Name of Driver TAN YI PING, WEND6Y

NRIC No S7814616H

Date Of Birth 22/05/1978

Occupation INDOOR

Date Of Driving Pass 16/12/2003

Driving Experience 15 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-90015845

Fax Number

Contact Number

EMail Address TWENDY@YAHOO.COM

Address 5 LEEDON HEIGHTS

#25-09

Postcode 267952

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

3

Number of Passengers (Including Driver)
Passenger 1

NAME: : LORRAIN LEE

GENDER: : FEMALE

Passenger 2

NAME: : LAURENT LEE

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 SKETCH PLAN

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 SLA4830X

Vehicle Make/Model/Colour

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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- 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.
- 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.
- 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:
 - 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.

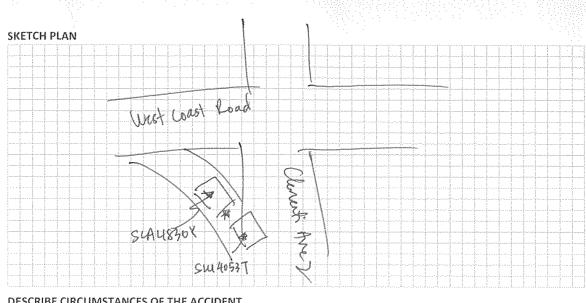
Policyholder's Signature Driver's Signature Reporting (
Date & Time: (If driver is not the policyholder) Name:

Date & Time: NRIC/FIN N

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

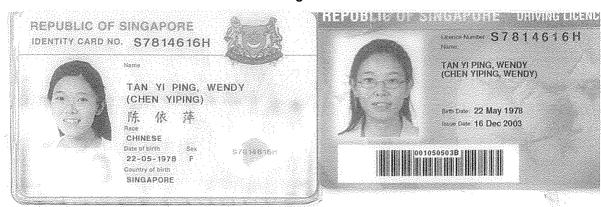
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Sketch Plan Pg. 2



LICENSE PLATE: SLU 405	37	ACCIDENT DATE & TIME: 28/1/19 0700 WG
CONTACT NUMBER: 9001	5845	E-MAIL ADDRESS: twenty@yahoo.com
OCATION: Jurdien	of West Coast Road	with clements Ave 2.
Traffic Slav-movi	ma @ slip road.	to Weel Loast Road.
Driver of SUL 409	3T watching a car	on theright trying to squeeze into love
& jump-gulue +	o the left turn	
fecialitally bus	ged into car in t	iont CSLA 4830Y).
iiilikin o taasa taana ka fii fi fi fi ista ista fa a		
MAAAAAAA jarjahaa haada daa ka ka ka maanaa ka k		
	errenden des	
NOTE: PLEASE NOTE	THAT YOUR INSURER MA	AY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UN	NDER YOUR OWN POLICY	Y. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
Please state:		
() Claim Own Policy	() Claim Third Party	() Claim OD/TP at other workshop () Reporting Only
ECLARATION		
We declare the foregoing part	iculars are true in every resp	pect.
Policyholder's Signature Date & Time:	Driver's Signature	Reporting Centre Personnel's Signature
	(If driver is not the p Date & Time:	oficyholder) Name: NRIC/FIN No.:
dellati deputational anni 93		1030hrs

Sketch Plan Pg. 3





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

16 Dec 2003

NP 428A

Licence No: S7814616H











