

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	11/02/2019 14:19
Date Of Accident	04/02/2019 12:55
Exact Location Of Accident	FILTER LANE OF JURONG WEST AVE 2 TWDS JLN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB3686Z
Insured/Policyholder	
Name Of Registered Owner	LO WING KEONG
NRIC No	S1376802A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97206443
Alternative Phone No	OTHERS-97206443

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1754831
Cover Note Number	

Driver

Name of Driver	LO WING KEONG
NRIC No	S1376802A
Date Of Birth	13/10/1959
Occupation	INDOOR
Date Of Driving Pass	07/02/1983
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97206443
Fax Number	
Contact Number	OTHERS-97206443
EEmail Address	NOEMAIL

Address	836 JURONG WEST ST 81 #14-69 SPORE 640836
Postcode	
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?	YES
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX3303Y
Vehicle Make/Model/Colour	TOYOTA DYNA 150 D
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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. 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:
 - (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:



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



Reporting Centre Personnel's Signature
Name: **SUHAIMI**
NRIC/FIN No.: **S8040377A**
Date:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04.02.2019 at about 12:55hrs, I was travelling along Riteh Lane from Junction West Ave 2 towards Jalan Buaran. As I approached the junction to wait for the main road to clear, I slow down & stop. While waiting, all of a sudden I felt an hard impact from the rear. Then I realised, a lorry GX 3303Y had collided into my rear. That's all.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **SUHAIMI**
NRIC/FIN No.: **S8040377A**
Date:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



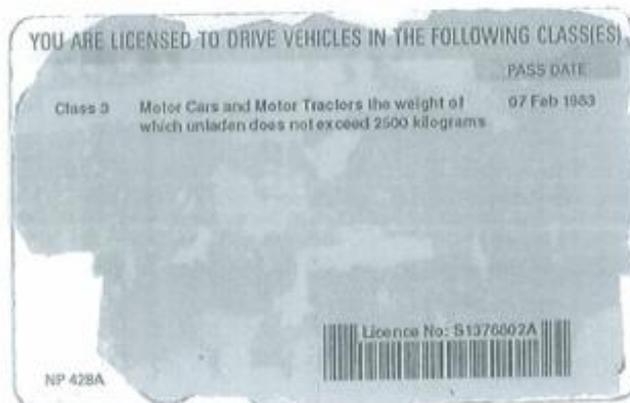
Accident Photo



Accident Photo



Driving License



Insurance policy

AXA INSURANCE PTE LTD
 # Stenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: (65) 63387288 Fax: (65) 63382622
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



Private Cars COMP
 TAX INVOICE
 RENEWAL
 Original

Tax Invoice No : P1754831-00003

POLICY INFORMATION		Policy No. : VPA/P1754831	
Source	: (01) 08260 KOMOCO TRADING P/L (HY)		
Insured	: LOO WING KEONG		
Address	: BLK 836 JURONG WEST STREET 81 #14-69 SINGAPORE 640836		
Period of Insurance	: From 05/04/2018 To 04/04/2019 (Both Dates Inclusive)		
Transaction No.	: 00003		
Billing Currency	: SGD	Exchange Rate	: 1.0000
Gross Premium Less Discount SGD	Charges SGD	Total Payable SGD	
946.92	GST 7.00% 66.28	1,013.20	
Premium Details (SGD)			
Gross Premium	: 946.92		
Total Discount	: 0.00		
Gross Premium less Discount	: 946.92		
Note: Discount is only applicable to limited products.			
AXA INSURANCE PTE LTD  Authorized Signature			
IMPORTANT NOTICE : For Individual Policyholders : Premium due must be paid in full before the inception date of the risk otherwise no benefits whatsoever shall be payable by the Company. Please refer to the Payment Before Cover Warranty in the Policy for further details. For all other Policyholders : Premium due must be paid in full within 60 days from the inception date of the risk otherwise this Policy/endorsement is automatically terminated immediately. The Company will be entitled to a pro-rata premium for the period they have been on risk subject to the minimum premium as imposed in the policy. Please refer to the Premium Payment Warranty in the Policy for further details.			
Issued by - BGOBP on 21/03/2018			

Page 1