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, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	15/02/2019 17:46
Date Of Accident	14/02/2019 17:40
Exact Location Of Accident	GARDEN BY THE BAY , MARINA BLVD TOWARDS MCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS4069J
Insured/Policyholder	
Name Of Registered Owner	LIM WEE HONG DAVID
NRIC No	S7825303G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91283443
Alternative Phone No	OFFICE-91283443
Vehicle Particulars	
Manufacturer	PORSCHE
Model	CAYMAN-S
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	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	GA280754/1
Cover Note Number	
Driver	

Name of Driver LEONG KAI MENG JAMES

NRIC No S8436771J
Date Of Birth 05/11/1984
Occupation INDOOR
Date Of Driving Pass 22/10/2010

Driving Experience 8 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97517778

Fax Number
Contact Number

EMail Address JAMES@BUILDWERKZBUILDERS.COM.SG

Address BLK 803A KEAT HONG CLOSE

#08-146

Postcode 681803

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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 SKF5300P

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

SKETCH PLAN

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- 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 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:
 - 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:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN		
_		
	ANA	
	Mars - Boa	
	Marinon Bang.	
Vehich >: SLS 40	1890	
Veh(B) SHA85	the M	
100 (8). 3/40	00/10	
DESCRIBE CIRCUMSTANCE		
was deing	also Madua Blod, Sould	ely leat topic (B) Jam leat too! But my CARS Still
boled X	tood ! I Jam bo	lest ten 1 Ret my care still
he sad on t	the notal date on the	Toil.
or the order	- respond a	1100-1
ECLARATION	1	
We declare the foregoing part	ticulars are true in every respect.	SAD
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:

DRIVER IC/DL Pg. 1



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8436771J





LEONG KAI MENG, JAMES

(LIANG JIEMING)



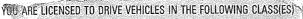
Date of birth

S8436771J

05-11-1984 Country/Place of birth

SINGAPORE

543



EFFECTIVE DATE

NP 428A

Motor Cars=< 3000kg with =<7 passengers, exclusive 22 Oct 2010 of the driver; and other motor vehicles =< 2500kg



NRIC No. S8436771J

Date of Issue 10-03-2015

APT BLK 803A KEAT HONG CLOSE #08-146 SINGAPORE 681803

NRIC No: \$8436771J

Date: 31/07/2018

Common Statement

VEHICLE NO : S1	54068J MAKE/MC	DDEL:
Date of Accident	14 02 2019 Time: 5:40 PM	Foreign Veh Involved YES / NO
Location of Accident	(GREDEN BY the By.)	Foreign Veh No
Country of Loss	MACHA SLYD toward MCE)	
Vehicle Damaged	/	No. of Veh Involved :
Claim Type	OD / TP / REPORTING	Was There Any Witness YES / NO
INSURANCE CO	AXA	Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :
Policy No	GA280754/1 V	
Fleet Policy	PES /(NO)	
OWNER / CO. NAME		OTHER VEHICLES
NRIC / Co's Reg No.	JIM WEL HOWG DAVID	VEHICLE B SHIA 8520 M CTOX:)
Address	S7825303 G	Category :
Address	563 SIXHL AVE	Driver's Name :
Contact / Mobile No		NRIC No :
Email Address	-	Contact No : 9128 3443
Date of Birth		No. of Passenger :
Gender	39.08.1978.	
DRIVER'S NAME	M)/F	VEHICLE C
NRIC No	JEDNG HAI MENG JAMES	Category :
	589361717	Driver's Name :
Address	BLK 803A KEAT HOAK CLOSE AS 8-140	NRIC No :
Cambridge 184-197-19	5(681803)	Contact No :
Contact / Mobile No	97517778	No. of Passenge :
Email Address	James @buildwarks Suiders was	
Date of Birth	05. 11. 1984	VEHICLE D
Gender	(M)/F	Category :
LICENSE PASSED DATE	23. 10 3010	Driver's Name :
		NRIC No :
Occupation	Indoor Outdoor	Contact No :
Relation with Owner	Triend V	No. of Passenger :
Does Driver Own Anv	Other Veh ? (YES/NO	
Vehicle Reg No	SKF530UP	
Insurance Co	AYA .	
	MH	
Weather Condition	Clean / Raining / Others	Video Captured : Yes / No
Road Surface	Dry / Wet / Others	video capitaled . 1es/ No
	277 11017	
NJURED	(ME-AND)	
Name of Injured	300	Police Report : YES/NO
Convey To Hospital by	Ambulance : YES / NO	If YES, Where :
NO. OF PASSENGERS	. 0	
Name of Passenger	: 0	14.15
Name of Passenger		M / F INJURED? YES/NO
		M / F INJURED? YES/NO
Name of Passenger		M / F INJURED? YES/NO
Name of Passenger	î.	M / F INJURED? YES/NO
REMARKS	: Success United Pto Jad.	
Name of Workshop	i parite like dec	Contact No :
Address :		The state of the s













