

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	07/02/2019 12:44
Date Of Accident	06/02/2019 17:45
Exact Location Of Accident	JUNCTION OF CAMBRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6442T
Insured/Policyholder	
Name Of Registered Owner	KANG TECK LEE RAYMOND
NRIC No	S1161250D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81182590
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH-1.8 (A)

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 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	GA393287/1
Cover Note Number	

Driver

Name of Driver	KANG TECK LEE RAYMOND
NRIC No	S1161250D
Date Of Birth	18/01/1956
Occupation	INDOOR
Date Of Driving Pass	05/04/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81182590
Fax Number	
Contact Number	OFFICE-NOPHONE
E-Mail Address	NOEMAIL

Address	BLK 340 CHOA CHU KANG LOOP #03-01
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?	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: : TAN GEOK HWA MAGDALENE GENDER: : FEMALE
Passenger 2	NAME: : KANG YONG BENG GERALD 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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9154E
Vehicle Make/Model/Colour	HYUNDAI/I40/YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA HOCK SENG
NRIC/Passport Number	S0236329A
Contact Number	93882915
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

1. INTRODUCTION

SKETCH PLAN

This form is to be completed by the Policyholder and the Authorized Driver.

The information provided must be true and accurate as possible.

The information provided must be true and accurate as possible. Any willful misrepresentation or withholding of material facts may affect the insurer's obligation to reimburse policy liability.

The new and enhanced Claims Fund by insurance companies is that an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

The report will be forwarded by the insurers to 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 lodgement of this report to the insurers, you hereby consent in the archiving of this report at the centre and to copies of the report being made available elsewhere.

2. 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 insurers who have insured vehicle(s) involved in this accident (all insurers 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 insurers 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 used 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

COMFORTDELGO ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV. BUKIT TIMAH BRANCH

NAME & SIGNATURE: 

DESIGNATION: DATE: 7/2/19

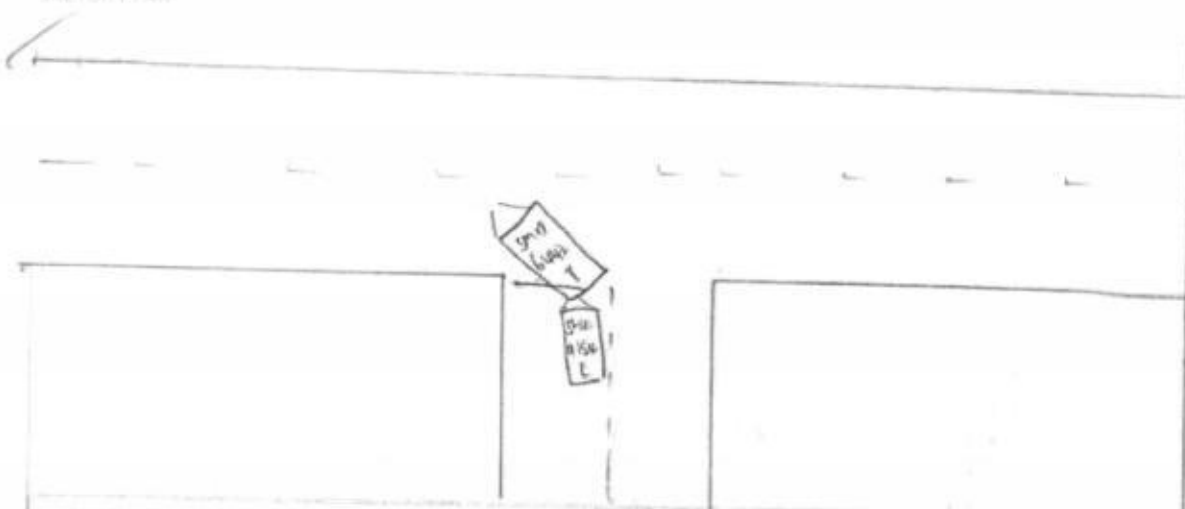
Reporting Centre Personnel's Signature

Name: Che Che Huan

SURIC / Ref No: 6126517326

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/01/19 at about 5:45pm, while I was driving along Cambridge road and turning into Cambridge Road. Suddenly a taxi cab SH A 1154 E hit at my left rear bumper when I just started to move from Cambridge road.

The taxi driver is Mr. Chua Hock Seng apologise for hitting my left rear bumper. His NRIC is S0236329A

IMPORTANT NOTE




Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

(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

CONFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV. SINGAPORE BRANCH
NAME & SIGNATURE 
DESIGNATION 
Representative's Signature
Name: 
NRIC / Fax No: 63601123

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