

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	02/03/2019 15:53
Date Of Accident	01/03/2019 17:45
Exact Location Of Accident	ALONG CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6701C
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Insured/Policyholder

Name Of Registered Owner	CHOY LYN FUNG
NRIC No	S7342034B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82686102
Alternative Phone No	OFFICE-82686102

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6
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	VPA/P2117998
Cover Note Number	

Driver

Name of Driver	CHOY LYN FUNG
NRIC No	S7342034B
Date Of Birth	23/11/1973
Occupation	INDOOR
Date Of Driving Pass	28/12/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82686102
Fax Number	
Contact Number	OFFICE-82686102
EEmail Address	NOEMAIL

Address	-
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached police report.

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	SMH5996Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDDIE
NRIC/Passport Number	
Contact Number	94493434
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHOY LYN FUNG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLX6701C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

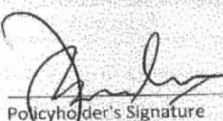
Postcode

SKETCH PLAN**IMPORTANT NOTICE**

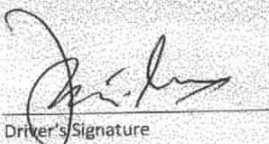
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

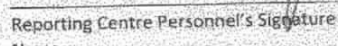
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 2/3/2019
10:45am.


Driver's Signature
(If driver is not the policyholder)

Date & Time: 2/3/2019
10:45am.


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

SKETCH PLAN

A hand-drawn sketch on a grid showing two vehicles, A and B, positioned side-by-side. Vehicle A is on the right and vehicle B is on the left. To the right of the sketch, the following license plate numbers are handwritten:

- A-SLX 6701 C
- B-SMH 5996 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attached police report.

DECLARATION

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

Policyholder's Signature
 Date & Time: 2/3/2019
 10:45am

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 2/3/2019
 10:45am.

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



SINGAPORE POLICE FORCE



T/20190301/2209

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No: T/20190301/2209

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2019 23:47
Vide Report No.:
Station Diary No.: 219

Informant's Particulars

Name of Informant: CHOY LYN FUNG			Address: APT BLK 928 YISHUN CENTRAL 1 #08-133 SINGAPORE 760928		
ID Type / ID No.: IRIC NO / S7342034B			Contact No.: Home/Office: Mobile: 82686102		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 45	Date of Birth: 23/11/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SENIOR EDUCATION SPECIALIST			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2019 17:45	Type of Location:
Location: Along Road 1 CLEMENTI ROAD ALONG CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLX6701C	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Slightly Damaged	0
SMH5996Y	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20190301/2209

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190301/2209

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLX6701C	AXA INSURANCE SINGAPORE PTE LTD	P2117998	05/04/2018	04/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOY LYN FUNG	ID No.	S7342034B
Related Vehicle	SLX6701C (Car)	Contact No.	82686102
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/03/2019	Date Discharge	01/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	EDDIE	ID No.	NIL
Related Vehicle	SMH5996Y (Car)	Contact No.	94493434
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/03/2019 at about 1745hrs, I was driving my vehicle(SLX6701C) along Clementi Road. Upon that time, the traffic volume was moderate. Out of sudden, I felt huge impact from my rear vehicle. I stopped the car and made a check, discovered that my car rear side was hit by another vehicle (SMH5996Y). That time, no one injure and no police at scene. We exchange particular and left. The damage on my car is dent mark at the rear bumper.

Thereafter, I felt pain on my neck and back area. I went to Mount Elizabeth Hospital to seek treatment and was given 5 days mc from 04/03/2019 - 08/03/2019.

I also went back home and checked my in-car camera and discovered that my camera doesn't work since 05/02/2019.



**SINGAPORE
POLICE FORCE**



T/20190301/2209

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Report No. T/20190301/2209

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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT