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

aforesaid.	5
	ACCIDENT STATEMENT
Date Of Report	23/04/2019 09:40
Date Of Accident	22/04/2019 09:00
Exact Location Of Accident	JUNCT RD OF TOH GUAN RD & TOH GUAN RD EAST
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDY3473U
Insured/Policyholder	
Name Of Registered Owner	CHEW SEONG LING
NRIC No	S0140058D
Email Address	CHEWSLING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96375174
Alternative Phone No	OFFICE-96375174
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	300SL CONVERTIBLE-3.0 (A)
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/P1757672

Driver

Cover Note Number

Name of Driver CHEW SEONG LING

NRIC No S0140058D

Date Of Birth 16/02/1950

Occupation INDOOR

Date Of Driving Pass 15/02/1968

Driving Experience 51 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96375174

Fax Number

Contact Number OFFICE-96375174

EMail Address CHEWSLING@GMAIL.COM

Address 26 WEST COAST TERRACE

Postcode 127235

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)

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

STATEMENT RECORDED BY LEONG KEAT - 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 XD2799K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver GARAGA NAGAVENKATA RAVI KUMAR

NRIC/Passport Number G7579434M Contact Number 62873390

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 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 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:
 - 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 invoive 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:

NRIC/FIN No.:

Sketch Plan #2

ETCH PLAN		
		Vehicle
) (A-SDY 347
1 1		B-XD2799
	A	
4)	A A A A A	Legend Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES C	F THE ACCIDENT	
At about 9.00	am. I was at th	he tenffic light stopped
t to fic high	+ (red) stationer	and my indiator
vas on +0 ve	er to the right	- direction to 1 mm.
As the lights	changed and I	ses just about to mor
the truck b	elind me hit me	from behind.
The driver	obviously did not	see me at all.
	untie I did ni	of See you
My COR i'S		and is quite law.
The truck	is verzlieh	After
the accide	+ 1 switched a	fl everything are
the (or pr	restrate very for	It when I came
out of the		ate. Nothing could
be don	as we exchen	- A aura al detail
and we	left. (7
ana re	12/7	
DECLARATION		
hate declare the foresting parties	have a fourteen (14) days clause whereby the claim aga	ainst own policy must be made within the stipulated time rarrie
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

Date & Time:

NRIC/FIN No.:

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0140058D





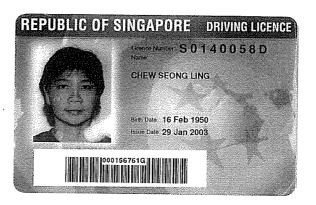
CHEW SEONG LING

周双玲

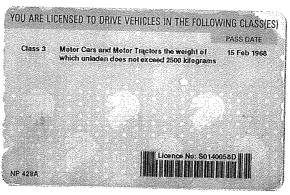
CHINESE
Date of Birth Sex
16-02-1950 F
Country of Birth

SINGAPORE









Common Statement

facts which will speed up the settlement of claims Date of accident Type 2 Exact location	n of accident	To be signed by BOTH drivers 3 Injuries even if slight
22 4 19 0400 Junet	rd of Ten Guan Rd &	(on Guen Ko E No Ves 1 "
	Ser than vehicles 5 Witness' name, add	lress and tell no. (to be underlined if he/she . Vehicle Video
Yes No	Yes s	No Yes
registration No. SDY 3473U (VEHICLE A) SDY 3473U (VEHICLE A) SDY 3473U (VEHICLE A) SOME SOME SOME CONTROL OF STATE OF ST	[12] CIRCUMSTANCES Put a cross (X) in each of the releving to the selection of the releving to the releving to the releving to the relevant t	Stasured /policyholder (see insurance cert.) Name (capital latters) Address
C/Passport no SO140058D 05	Edited Into Parked Vehicle Collided Into Property Collided Into Property	10 NRIC / Passport no.
no. (from 9am till 5gra) 375174 as debicte	Collision - Shange/Cross Lone Collision - Oracs Avadrus Collision - Head un Collision	Tel no. (from 9am till 5pm)
this transport to the company of the	Coffelon – Major/VIV-or Rd Coffelon – Major/VIV-or Rd Coffelon – Opening Soov of Vehicle	Make, type Insurance company
AXA ZC TPFT TPO DIS	Codhian - Foundation Codhian - toffen Codhian - toffen Chini D-hing / Ding Informix Fire, Schonon or Lithering	Does the policy cover damage to vehicle B?
Oriver Same as Owner Class	Final Final Fit and But / Yandelbur / Bur appl violity Fyriant Fit by Fallen Tree / Other Objects	Policy No. (d'available) 19D Driver (See driving licence) 19D Of different from Inwared if above)
12 (Lie Circara)	No Calibban Side testpe Touth	100 (capital letters) Ravi Kamar 100 (Ravi Respect no. G 7579434)
s of licence	State TOTAL number of " boxes marked with a cross	Cass of licence
Indicate the point of initial impact with an arrow ()	[13] Sketch of accident when impact occurred to 1. Juyout of the road - 2.the direction of vehicles at the time of impact - 4, the road signs - 5, name	A noted III with present
REF	ER TO ATTA	CHED
/felble damage to vehicle A		11 Visible damage to vehicle B
Antomativate etas	THE PROPERTY OF THE STREET OF	
dy remorts	日形 Signatures of drivers は	10 My remarks
110		
A -	suhe.	В

Individual Statement

				ointed workshop			rews 1	nal	amo	sil e	
sured	Occupation (if m Vehicle registrati	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	c.c.		commercia	al vehicle,	state	1	-		
which vehicle are	3 Is driver the own	ner? Yes		eaponship of rith owner		the vehicle r	rumber and n	ame of where applicable	9		
the owner?	Others - plea 5 is the vehicle sti 6 Are you claiming	se specify If in use? Yes under your own fr	isurance policy for repair	, state where it is to your vehicle?	nt present Yes	No]	Teir		Hire	
	If no, state actio	us to be taken	Third Party	Reporting Only	Thir	d Party (Own Wo				
	7 Date of birth	e of birth Occupation					driven with	of the	Was driver an employee of the insured's company?		
iver or person in large of vehicle at		Indoor	Outdoor		1	Yes	No	Yes	No		
e time of accident acciding insured)	8 Give details of a	my pre-existing imp	sairment of sight or heari	ng and of any othe	r disability						
	9 Full details of al	I driving convictions	s including pending prose	ecutions in the last	35 months						
	Date		Off	ence				Penalty			
-	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle		Were s	to ho	Was injured conveyed to hospital by antibulance?			
(unes)						Yes	No	Yes		No :	
persons			talii kalisaa			Yes	No.	Yes		Na	
						Yes	140	Yes	1	No	
						Yes	No 3	Yes	1	No :	
Damage to property 8 vehicles (other than vehicles A and B)	.11 Name(s) and address(es) of Vehicle registration in or details of property						Insurer's name and address (if known)				
	The state of the s	ent reported to the state which Police :		No	7						
Police action	13 Was notice of If yes, against	intended prosecuti t whom?	on given? Yes	No	7						
Accident details	14 Weather cond	itions Dear		Raining		OB	hers				
	15 Browl surface Wet Dry Others										
	16 Speed of vehicles A km/hr B km/hr										
	17 What warnings were given by driver or other party? 18 Were street lights illuminated? Yes No										
	19 What fights were displayed on your vehicle/the other vehicle(s)?										
	20 If your vehicle is commercial, state weight of load carried at time of accident										
		ddent happened, w r of Passengers (in	nidth of roads, speed limit including Driver)	is, etc (Refer to att	eched)						
	Your deducation			407							
Declaration	Policyholder's		rs are true in every resp ÆU		•	D	ate				























