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

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	ACCIDENT STATEMENT
Date Of Report	29/04/2019 14:33
Date Of Accident	28/04/2019 16:10
Exact Location Of Accident	NIM ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFU93A
Insured/Policyholder	
Name Of Registered Owner	FU MING RONG SERENE
NRIC No	S1294438A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96790036
Alternative Phone No	OTHERS-96790036
Vehicle Particulars	
Manufacturer	BMW
Model	5231
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	UNAVAILABLE
Cover Note Number	
Driver	
Name of Daham	LONG TIAN EN IAN

Name of Driver LONG TIAN-EN, IAN

NRIC No S9112700H
Date Of Birth 13/04/1991
Occupation INDOOR
Date Of Driving Pass 14/06/2016

Driving Experience 2 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91550879

Fax Number

Contact Number

EMail Address IANLONG91@GMAIL.COM

Address 73 NIM ROAD #06-01 NIM GARDENS

Postcode 807584

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

4

Was any body injured in the Accident?

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

YES

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4849999 - **FAX NO**: 62181399

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACH.

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 SKC995H

Vehicle Make/Model/Colour VOLKSWAGEN GOLF RED

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MONICA (LIM JEE MUAY)

NRIC/Passport Number S0086346G Contact Number 98164908

Address 29C NIM ROAD

Postcode 805115

Insurance Company Name

Nature Of Damage RIGHT

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMJ2600Z

Vehicle Make/Model/Colour KIA STONIC RED

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver WONG PAUL WING-YAN

NRIC/Passport Number S7656744A Contact Number 98805049

Address 98 SOPHIA ROAD #04-01

Postcode 228165

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver) 0

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLN1592K

Vehicle Make/Model/Colour KIA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LOH YOKE KHERNG HENRY

NRIC/Passport Number S1129350F Contact Number 81007062

Address APT BLK 581 PASIR RIS STREET 53 #11-09

Postcode 510581

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver) 0

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:
 - 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)

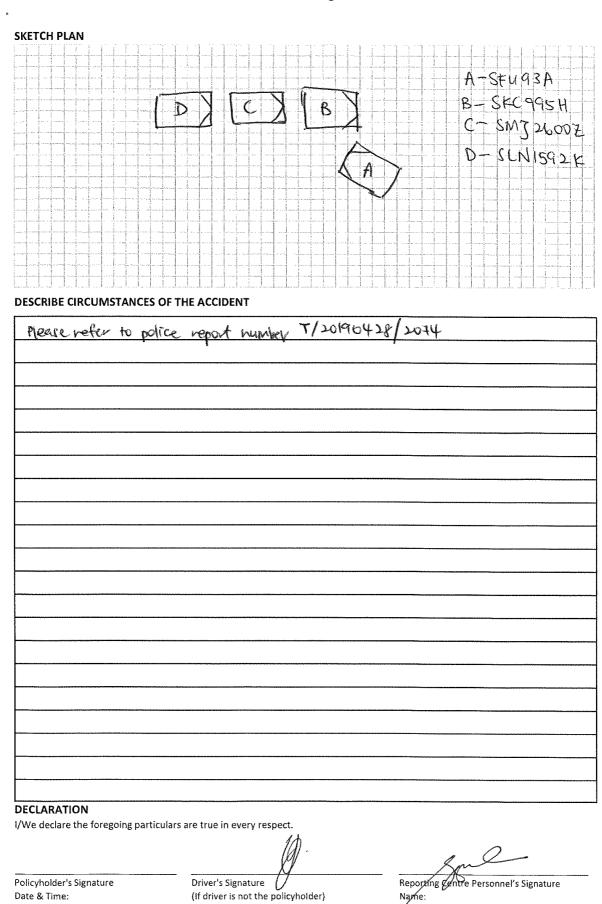
Date & Time:

Reporting Centre Bersonnel's Signature

Name:

NRIC/FIN No.

GPP the Class tenth becoming VB



(If driver is not the policyholder)

Date & Time:

Date & Time:

State and Seculies and Manager State and State

MRIC/FIN No.:





T/20190428/2074

1 of 4

Report No. T/20190428/2074

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2019 20:20		ade:	Vide Report No.: F/20190428/0163	Station Diary No.: 73		
Informant	rs Particu	llars				
Name of I		N	Address: 73 NIM ROAD #06-01 SINGAPORE 807584			
ID Type / NRIC NO)OH	Contact No.: Home/Office: Mobile: 91550879			
Nationality SINGAPC		EN	Email:			
Sex: Male	Age: 28	Date of Birth: 13/04/1991	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: HR ANALYST			Driving Licence Information: Class: 3A	Date of Expiry:		

General Informa	tion of the Accident			
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2019 16:10	Type of Location: Bend
Location: Along Road 1 NIM ROAD				
TOWARDS LIL	AC ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:	-	Traffic Volume: Light
Type of Collisio Moving Vehicle	n: Against - Parked Vehid	cle		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFU93A	Car					0
SKC995H	Car					0
SLN1592K	Car					0
SMJ2600Z	Car					0





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Report No. T/20190428/2074

2 of 4

Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir		e e e e e e e e e e e e e e e e e e e				
No. of Pedestrians Injured: NIL.			Use of Ped	lestrian	Crossi	ing: NA
Driver						
Name	LONG TIAN-EN, IAN			ID No.		S9112700H
Related Vehicle	SFU93A (Car)			Contact No.		91550879
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Disc	L	NIL	
	ted Medical Leave	NIL	Degree of		NIL	***************************************
Name	MONICA			ID No.		NIL
Related Vehicle	SKC995H (Car)			Contact No.		98164908
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of		NIL	
Name	LOH YOKE KHERN	G HENRY		ID No	•	S1129350F
Related Vehicle	SLN1592K (Car)			Contact No.		81007062
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	nted Medical Leave	NIL	Degree o	f Injury	NIL	





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

CONTINUATION OF REPORT Tel No: 1800-4849999

3 of 4 Report No. T/20190428/2074

Name	WONG PAUL WING-	YAN		ID No		S7656744A
Related Vehicle	SMJ2600Z (Car)			Conta	ct No.	98805049
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	f Injury	NIL	

Brief Details.

On 28/4/2019 at about 4.10pm, I was driving my vehicle (SFU93A) along Nim Road towards Lilac Road. I was driving along the bend after I went over the hump, I lost control of my vehicle and when I managed to apply the brakes, I had already collided onto one of the cars which were parked along the roadside. The car that my vehicle hit onto was SKC995H. Subsequently, this caused a chain collision in which two other cars were also affected. The cars were SMJ2600Z and SLN1592K.

Traffic Police attended to the scene and I was informed to lodge a Police report. No one is injured during the accident.





Report No. T/20190428/2074

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
F/	Ch
Staff Sgt MUHAMMAD YUNOS BIN ABDUL	
RAHMAN	
Signature Of Interpreter:	Date/Time:
Not applicable	28/04/2019 20:20
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	
Sgt 2 HO JIEKANG, IVAN	1 \(\)
Contact No.: 65476170	¥ /
Contact No.: Contact to	Extragalar and Automorphisms are suggested as
Authentication Stamp	
NP168	



