

## 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	16/05/2019 12:05
Date Of Accident	15/05/2019 09:00
Exact Location Of Accident	NIE CARPARK 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4172B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POH QINYU
NRIC No	S8117898D
Email Address	RUKAWAQIN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94242777
Alternative Phone No	OFFICE-94242777

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT-1.4 (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?	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	VPA/P2156891
Cover Note Number	

### Driver

Name of Driver	POH QINYU
NRIC No	S8117898D
Date Of Birth	18/06/1981
Occupation	INDOOR
Date Of Driving Pass	13/12/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94242777
Fax Number	
Contact Number	OFFICE-94242777
Email Address	RUKAWAQIN@YAHOO.COM

Address	BLK 314B ANCHORVALE LINK #12-127
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	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### 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	SGH8448P
Vehicle Make/Model/Colour	MAZDA BIANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEVIN
NRIC/Passport Number	S9042884E
Contact Number	96829889
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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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: 16/5/2019

Driver's Signature

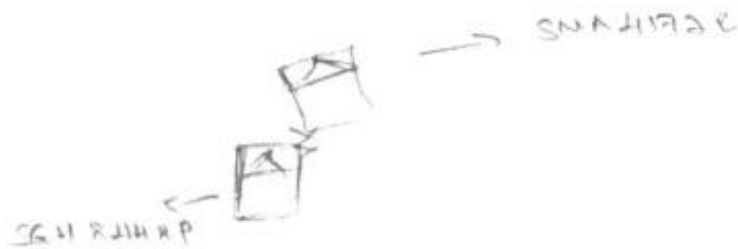
(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: ASYIKAF

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was doing reverse parking and hit onto the other vehicle.  
The <sup>left</sup> ~~right~~ corner back of my car hit the front right corner of  
the other vehicle.

## DECLARATION

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

✓

12/05/2019

# Accident Sketch Plan

AXA PTE LTD  
 Way, #24-01  
 ver, Singapore 068811  
 er Service Centre #B1-01  
 5)63387288 Fax:(65)63382522  
 site:www.axa.com.sg  
 JT Registration Number: 199903512M  
 ustomer.service@axa.com.sg



Private Cars COMP  
 POLICY SCHEDULE  
 NEW BUSINESS  
 Duplicate

<b>POLICY INFORMATION</b>		Policy No. : VPA/P2156891	
Source	:	(01) 08260 KOMOCO TRADING P/L (HY)	
Insured	:	POH QINYU	
Address	:	BLK 314B ANCHORVALE LINK #12-127 SINGAPORE 542314	
Business/Profession	:	CIVIL SERVANT (INDOOR) Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 07/06/2018 To 06/06/2019 (Both Dates Inclusive)			
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>PREMIUM</b>			
Premium After 0.00%	:	SGD 1,542.05	
NCD	:		
GST 7.00%	:	SGD 107.95	
Annual Premium	:	SGD 1,650.00	
Total Payable	:	SGD 1,650.00	
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	:	Comprehensive	
Regn No.	:	SMA4172B	
Type Of Use	:	Private Car	
Make/Model	:	HYUNDAI ACCENT (RB) 1.4 CVT	
Year of Manufacture	:	2018	Seating Capacity (excl. Driver) : 04
Body Type	:	SALOON	Engine C.C. : 1368
Engine No.	:	G4LCJU989844	
Chassis No.	:	KMHCU41BTJU430324	
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance			
Basic Own Damage Excess		:	SGD
<b>Named Drivers</b>			
1 POH QINYU			
2 NG TEO HENG			
<b>MEMORANDA, CLAUSES, WARRANTIES &amp; ENDORSEMENTS</b>			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:			
HYU1 171K			
HYU1 - This supplementary clauses forms parts of the Schedule			
1. AUTHORISED WORKSHOPS			

## Accident Sketch Plan





Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo

