

## 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	06/06/2019 10:13
Date Of Accident	05/06/2019 10:50
Exact Location Of Accident	SENGKANG EAST ROAD AROUND BUANGKOK DRIVE/GREEN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBQ100G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU PUAY CHENG
NRIC No	S1777418B
Email Address	AGNES@PACCOM.NET
Mobile Phone No	(LOCAL) +65-96501169
Alternative Phone No	OTHERS-96501169

### Vehicle Particulars

Manufacturer	BMW
Model	X3
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?	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/P1999186
Cover Note Number	

### Driver

Name of Driver	TAN CHOON KWEE
NRIC No	S1669105D
Date Of Birth	07/05/1964
Occupation	INDOOR
Date Of Driving Pass	03/10/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88386337
Fax Number	
Contact Number	
Email Address	TERENCE@PACCOM.NET

Address	54 SELETAR HILLS DRIVE
Postcode	807069
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	5
Passenger 1	NAME: : SPENCER TAN GENDER: : MALE
Passenger 2	NAME: : TYRONE TAN GENDER: : MALE
Passenger 3	NAME: : SITI HIJAR (MAID) GENDER: : FEMALE
Passenger 4	NAME: : LAU PUAY CHENG GENDER: : FEMALE

#### 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.

#### 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	SGG9611H
Vehicle Make/Model/Colour	TOYORA BEIGE COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	GOVINDARAJAN VIJAY ANAND
NRIC/Passport Number	S7465311A
Contact Number	94887754
Address	BLK 301G ANCHORVALE DRIVE #05-45
Postcode	543301
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	1

**SKETCH PLAN**

**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. 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:
  - (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: 6/6/19

100

Driver's Signature

(If driver is not the policyholder)

Date & Time:

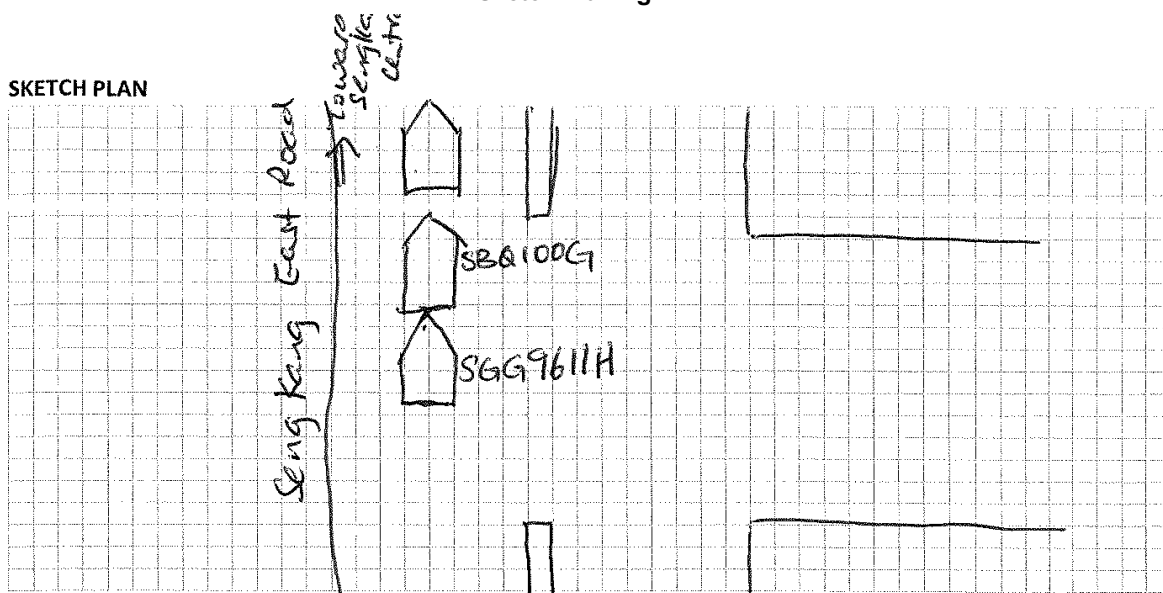
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GARY POH CHAI HOON  
Performance Motors Limited  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 10:50am, my car driven by my husband together with my family and domestic helper, we ~~are~~ were travelling along Sengkang East Road near to Buangkok Drive/Green, towards Sengkang Central. Road had a right lane shutdown and all cars slowed down to filter to left and centre lane. ~~That day~~ Our vehicle had already come to a stop for filtering. Suddenly from behind, a loud bang into my car. Mohd Lau sitting at rear behind driver, had received a bang on the right back head. The vehicle SGG9611H had hit my car, my car rear bumper has damages.

## DECLARATION

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

Policyholder's Signature

Date & Time: 6/6/19  
9:43am

Signature: [Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/6/19  
9:43am

Signature: [Signature]

GARY POH CHAI HOON  
Performance Motors Limited  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

6/6/19

Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo

