

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	08/07/2019 11:16
Date Of Accident	06/07/2019 10:55
Exact Location Of Accident	TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8025U
Insured/Policyholder	
Name Of Registered Owner	ALVIN CHANG CHUN FEI
NRIC No	S8285977B
Email Address	ALVINCCFEI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96490010
Alternative Phone No	OTHERS-96490010

Vehicle Particulars

Manufacturer	BMW
Model	216D
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	VPA/P1965300
Cover Note Number	

Driver

Name of Driver	ALVIN CHANG CHUN FEI
NRIC No	S8285977B
Date Of Birth	25/09/1982
Occupation	INDOOR
Date Of Driving Pass	18/04/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96490010
Fax Number	
Contact Number	OTHERS-96490010
Email Address	ALVINCCFEI@GMAIL.COM

Address	BLK 297A COMPASSVALE STREET #06-42
Postcode	541297
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	CHAIN COLLISION
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	3
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)	4
Passenger 1	NAME: : ONG TEE MEE GENDER: : FEMALE
Passenger 2	NAME: : AUDREY CHANG SU WEN GENDER: : FEMALE
Passenger 3	NAME: : EZRA CHANG ZHI JIAN GENDER: : MALE

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	SMD1019R
Vehicle Make/Model/Colour	BMW 528I WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CAI FENG FENG
NRIC/Passport Number	S9373863B
Contact Number	94873420

Address	BLK 296 YISHUN STREET 20 #03-11
Postcode	760296
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLC8084Y
Vehicle Make/Model/Colour	HONDA SILVER
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ABDUL WAHAB BIN MAIN
NRIC/Passport Number	S1566142I
Contact Number	
Address	BLK 105 WOODLANDS STREET 13 #02-178
Postcode	730105
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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: 8 Jun 2019
1037am


Driver's Signature

(If driver is not the policyholder)
Date & Time: 8 Jun 2019
1037am


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

A full-page view of a blank sheet of white graph paper. The grid consists of light gray horizontal and vertical lines forming small squares. There are approximately 20 columns and 25 rows of squares. A thicker gray border surrounds the entire grid area.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DRAWING ALONG TPE FROM SENGKANG TOWARDS CHANGI.
ROADWORKS NEAR EXIT 4 ON LANE 1.
WHITE BMW 528i (SMD 1019R) FILTERED IN TO LANE 2.
TRAFFIC IN FRONT SLOWED DOWN AND BMW 528i (SMD 1019R)
DID NOT STOP IN TIME AND COLLIDED WITH A SILVER HONDA
(SLC 80844). THIS CAUSED ME TO JAM MY BRAKES BUT
UNFORTUNATELY COLLIDED INTO WHITE BMW (SMD 1019R) ONLY.
SILVER HONDA (SLC 80844) WAS ALREADY STATIONARY ON LANE
3 AFTER COLLIDING WITH WHITE BMW (SMD 1019R) EARLIER.

DECLARATION

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

Policyholder's Signature
Date & Time: 8 JULY 2019
1037 am

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 8 JULY 2019
1037 am

Reporting Centre Personnel's Signature: _____

Name: _____

NRIC/FIN No.: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



08.07.2019 10:57

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



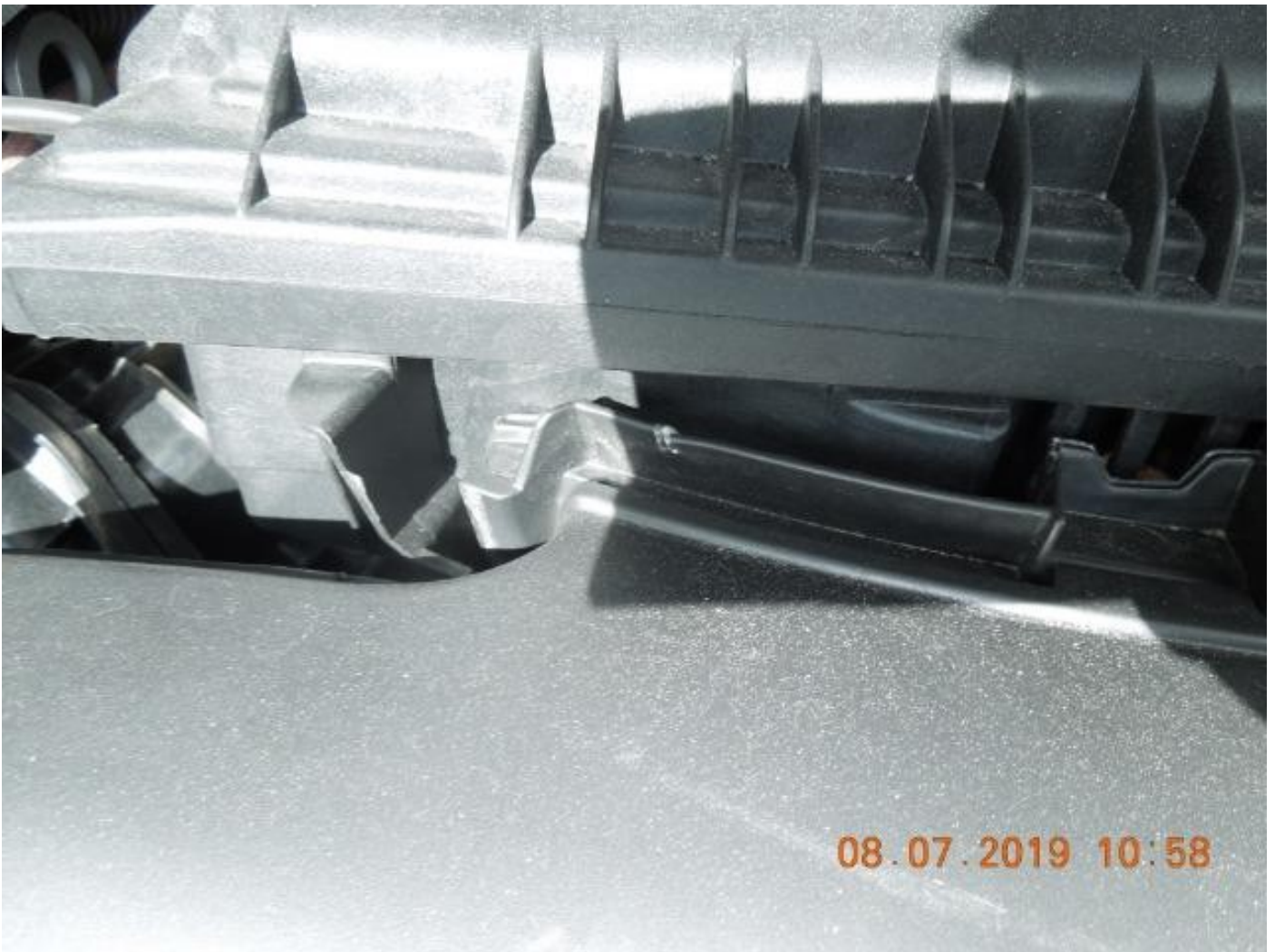
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

