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 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

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	ACCIDENT STATEMENT
Date Of Report	19/07/2019 13:55
Date Of Accident	18/07/2019 21:50
Exact Location Of Accident	PIE TOWARD BKE JUST BEFORE EXIT TO BKE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT2331X
Insured/Policyholder	
Name Of Registered Owner	NG WAI FONG
NRIC No	S6841199H
Email Address	TOKWC@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-81386728
Alternative Phone No	OTHERS-97232029
Vehicle Particulars	
Manufacturer	BMW
Model	4351
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. Disease state estimate he taken	

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company AXA INSURANCE PTE LTD Name of Insurance Company Type Of Coverage **COMPREHENSIVE**

NO

Policy Number VPA/P1618227

Cover Note Number

Driver

Fleet Policy

Name of Driver TOK WU CHUAN NRIC No S1829451F Date Of Birth 27/11/1967 Occupation **INDOOR Date Of Driving Pass** 24/09/1993

Driving Experience 25 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81386728 Fax Number (LOCAL) +65-97232029

Contact Number

EMail Address TOKWC@OUTLOOK.COM

BLK 758 CHOA CHU KANG NORTH 5 #05-129 Address

Postcode

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 **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

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

NAME:

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

GENDER: : FEMALE

: NG WAI FONG

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO

1

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK1366L

Vehicle Make/Model/Colour HONDA JAZZ SILVER

Details Of Properties

Vehicle Category PRIVATE CAR

CHUNG CHOON CHEN Name of Driver

NRIC/Passport Number S7430864C **Contact Number** 96190043

Address

Postcode

LIBERTY INSURANCE PTE LTD Insurance Company Name

REAR & LEFT Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 22

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLR4313J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver JASMI TALIB
NRIC/Passport Number S1542530Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLV2460J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE CARName of DriverCHAN XIN YINRIC/Passport NumberS9100464Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLM6332S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver WONG REN JIE

NRIC/Passport Number S8841344Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SLZ556H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TAN BOON TEONG

NRIC/Passport Number S1789857D

Contact Number

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

MASSIN

Reporting Centre Personnel's Signature

Performance Motors Limited 303 Alexandra Road Sime Darby Performance Cent Singapore 159941

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

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Policyholder's Signature Driver's Signature Reporting Centre Person	Alexanko doku
Date & Time: (If driver is not the policyholder) Name: NRIC/FIN No.:	Alexanbra Flohd Y Performanye Centre gabore 1593































