

## 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	05/08/2019 08:20
Date Of Accident	03/08/2019 14:55
Exact Location Of Accident	ECP TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP218A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG LEIGH HSIANG
NRIC No	S7470054C
Email Address	LAZELEIGH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90408967
Alternative Phone No	Others-90408967

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SHARAN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	CHONG LEIGH HSIANG
NRIC No	S7470054C
Date Of Birth	21/08/1974
Occupation	INDOOR
Date Of Driving Pass	25/02/1995
Driving Experience	24 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90408967
Fax Number	
Contact Number	OTHERS-90408967
EEmail Address	LAZELEIGH@YAHOO.COM
Address	62 GREENLEAF VIEW
Postcode	279301
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	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)	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

PLEASE REFER TO ATTACHMENT

#### 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	SMG8242A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S2717124I
Contact Number	

Address

Postcode

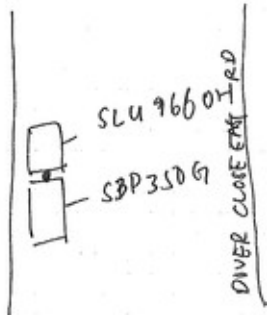
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There was heavy traffic at time of accident, which was 7.30am 30 Jul due to parents dropping their children off at A/CJC. The car in front of me came to a stop and I could not break in time, resulting in the collision. There was a slight dent in the car in front (boot) and a slight knock on my front bumper.

### DECLARATION

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

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Pearlyn Cheong  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## 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:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Pearlyn Cheong  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**A INSURANCE PTE LTD**  
 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 Tel: 1800 8904888 Fax:-  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.care@axa.com.sg



**Private Cars COMP**  
**POLICY SCHEDULE**  
**RENEWAL**  
**Original**

POLICY INFORMATION		Policy No. : VPA/P1372035
Source	: (01) 13820 ARF AP) PTE LTD (VW-ENHANCED)	
Insured	: ANG JOO KOON	
Address	: 17 SHAMAH TERRACE SINGAPORE 597569	
Business/Profession	: RETIREE Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 23/04/2019 To 22/04/2020 (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 50.00% : SGD 1,051.41	NCD	
Prem W/Shop Disc : SGD 157.71	15.00%	
Safe Driver Disc : SGD 52.57	5.00%	
GST 7.00% : SGD 58.87		
Annual Premium : SGD 900.00		
Total Payable : SGD 900.00		
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type Of Cover	: Comprehensive	
Regn No.	: SBP350G	
Type Of Use	: Private Car	
Make/Model	: VOLKSWAGEN TOURAN 1.4 TSI	
Year of Manufacture	: 2012	Seating Capacity (excl. Driver) : 06
Body Type	: MULTI - PURPOSE VEHICLE	Engine C.C. : 1390
Engine No.	: CTH018725	
Chassis No.	: WVGZZZ1TZDW040675	
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		
<b>Extra Coverage (Premium Breakdown)</b>		
NCD Protector	Limits (SGD)	Premium (SGD)
<b>Excess Applicable</b>		
Basic Own Damage Excess	: SGD	
<b>Named Drivers</b>		
1 ANG JOO KOON		

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

