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.

| By the lodgement of this report to the insurers, you aforesaid. | ou hereby consent to the archiving of this report at the centre and to copies of the report being made available |
|---|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 19/08/2019 16:31 |
| Date Of Accident | 17/08/2019 18:30 |
| Exact Location Of Accident | CTE TWDS SLE BEFORE YIO CHU KANG |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKX1373K |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN TECK YONG |
| NRIC No | S9233344B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96265642 |
| Alternative Phone No | OFFICE-96265642 |
| Vehicle Particulars | |

TOYOTA Manufacturer Model **HARRIER**

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?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA457821

Cover Note Number

Driver

Name of Driver TAN TECK YONG

NRIC No S9233344B Date Of Birth 22/09/1992 Occupation INDOOR **Date Of Driving Pass** 26/07/2016

Driving Experience 3 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96265642

Fax Number

OFFICE-96265642 Contact Number

EMail Address NOEMAIL

BLK 176 LOMPANG ROAD #14-37 Address

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 **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 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

VEHICLE B SUDDENLY JAM BRAKE. I APPLIED BRAKE BUT CAN'T STOP IN TIME AND REAR ENDED VEHICLE B.

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

SLH2296R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 daims including the settlement of the claims and any necessary
 - (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
- (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
- 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.
- 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.
- 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:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No .:

SKETCH PLAN

| | | SAKOD) |
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| | | |
| SCRIBE CIRCUMSTANCES OF THE | ACCIDENT | 1 9 |
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| applied bro | ice but can't | B. |
| and rear | 9000 | |
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| DECLARATION 1/We declare the foregoing particular | rs are true in every respect. | |
| 1/We declare the foregoing particular | | |
| Mun | Muy | Reporting Centre Personnel's Signature |
| Policyholder's Signature | Oriver's Signature (If driver is not the policyholder) | NRIC/FIN No.: |
| Date & Time: | Date & Time: | |

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

| I/We, TAK TECK YONE? | , the owner of vehicle no. $2c \times 1373c$ |
|--------------------------------------|---|
| 1 in under mylour Policy or against | Insurance Pte Ltd, I/we shall decide whether to the Third Party and if the former shall submit Pte Ltd with all relevant facts and documents ence or discovery of damage. |
| My/Our Third Party claim is handle l | by my/our preferred workshop, |
| Signed and Acknowledge by: | |
| fur f | 19(00/2019 |
| Nizio no & signature of policyholder | Company stamp Date |

Driving License











