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 aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	26/08/2019 21:12	
Date Of Accident	24/08/2019 21:40	
Exact Location Of Accident	SELEGIE ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS7237X	

•	
Insured/Policyholder	

Name Of Registered Owner **ENG CHERIE** NRIC No S9021842E

Email Address CHERIEENG@HOTMAIL.SG Mobile Phone No (LOCAL) +65-92322355 Alternative Phone No OTHERS-92322355

Vehicle Particulars

Manufacturer **HONDA**

Model CIVIC 1.6L VTI AUTO

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?

YES

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 VA1/GA422436

Cover Note Number

Driver

Name of Driver **ENG CHERIE** NRIC No S9021842E Date Of Birth 29/06/1990 Occupation INDOOR **Date Of Driving Pass** 26/05/2011

Driving Experience 8 YEARS AND 2 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-92322355

Fax Number

Contact Number OTHERS-92322355

EMail Address CHERIEENG@HOTMAIL.SG

APT BLK 122 LORONG 2 TOA PAYOH Address

#08-02

Postcode 310122

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

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

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)

2

Passenger 1

NAME: : EDDY

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 SKETCH PLAN

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

Vehicle Registration Number SJW341B

Vehicle Make/Model/Colour KIA CERATO 1.65X A

Details Of Properties

Vehicle Category PRIVATE HIRE KOH KOK WEI Name of Driver NRIC/Passport Number S8970449I **Contact Number** 97343331

BLK 299 PUNGGOL CENTRAL Address

#06-457

820299 Postcode

Insurance Company Name

Nature Of Damage

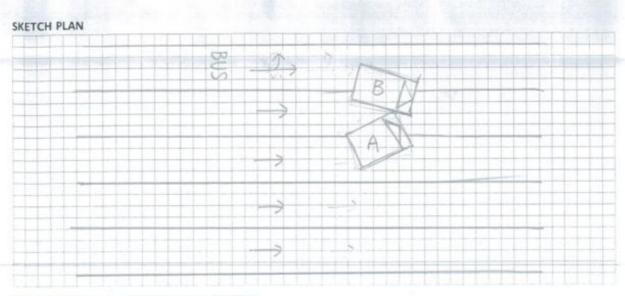
No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

2

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at the third lune and caught in red light, at stationary position, I decided to cut onto the second lane on the left, after
position, I decided to cut onto the second lane on the left, after
checking on my left-side mirror, I saw a motorcycle, after the motorcycle
went pass my vecticle, I checked again and saw absolutely no other
Vehicle (safe to make a cut out). I proceeded to adjust my 1/2 hicle
vehicle (safe to make a cut out), 2 proceeded to adjust my vehicle out to the left (ubout 3/4 of the front of the vehicle was out on the
second left lane), then I checked again for safety reason and see
no other vehicle, I then proceed to make the more However, prior to
moving the vehicle, in that split second, I felt the impact on with
18ft - hand front of my vehicle, and the impact dragged forward and eventual
the rehicle that collided onto mine stopped (as is illustrated in the
schematic what that was the impact point).
Direction and the state of the

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

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Common Statement

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - 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:
 - 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.:

Owner's Licence and IC (f)





Certificate of Insurance





ENGICHERSE 122 #08-02 CORONG 2 TON PRIOR SINGAPORE 200122

Policy Schedule

Your SmartDrive Comprehensive Essential

AXA levenouse File DM

1800 880 4888 (Millio Singapore) (83) 6880 4888 (International)

L 1051 6880 4740

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New business.

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30/11/2018

your servicing distributor

INSMART (INSURANCE) ACENCY PIE

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6842 9766

Your policy snapshot

Policyholder name

ENG CHERRE

Policy number FIN / NRIC VA1 / GA422436 S9021842E

Cover

Period of Insurance

Comprehensive FIN / RRIC from 01 / 12 / 2018 to 30 / 11 / 2019 (both dates inclusive)

Premium breakdown

Gress Premium after 20% NCD

SGD 1,197.20 SGD 83.80

74 GST Final Premium

SGD 1,281.00

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

24 7 Young & Transportation in Singapore or Oversian

Windscreen Replacement with Excess CR Rober your windscreen at your preferred location and get \$50 cash review with no excess

Subtranteed Repairs for beelve (\$2) Months

Loss of Damage

Legal Luckty

And on Benefits

Personal account benefit of up to \$ 50,000.00 for you and your named orwant.

Vehicle details

Make & Model of Vehicle

Vehicle registration number

Sody type

Seeding capacity level driver?

Off-Peak can

HONDA COMO 1.6 VTI

SLS7237X SALOON

4

Year of manufacture

Type of Use

Engine capacity (c.c.) Engine number

Chasais number

2008 Private use

1595

R16A13003812

JHMFD46208S201293

Insured's Estimated Market Value

Limitation to use Finance Loan Company Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance

TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Excess applicable many to holey wording for other applicable Excesses?

Basic Own Damage Excess

SGD 500.00

Windstreen Excess

500 200.00

Drivers details

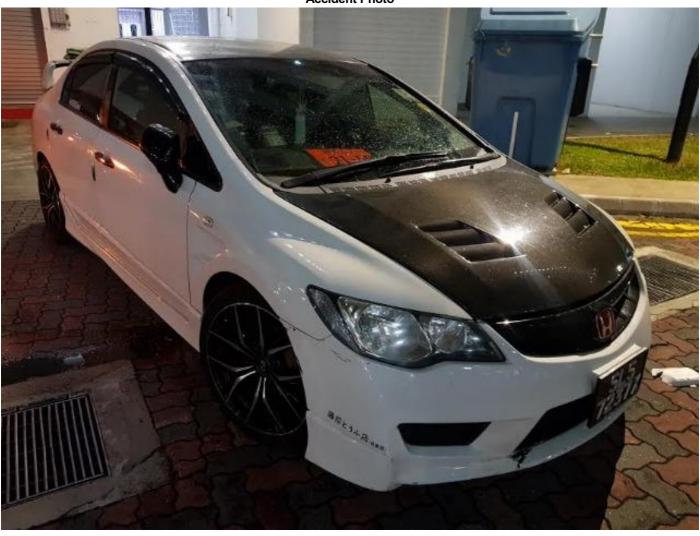
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TP Particulars

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HIRER DETAIL / MAIN	DRIVER DETAIL	#06-457	UC Number	5890	
MATTER BIL 255	PLANTA CONTAL	\$(870773	Contact No Date of Birth	11-04-14	
Driving License Pass Date: 1	TOP	-		LEFT	
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Charse number KA	JAFW411HA5185903	Contract Terms	02 06 1	1 - 07 09	19
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April 19 San San San					
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~	point Ind. Park 2A Bik 10 #03-12 (5) 56804	MANUAL PROPERTY AND ADDRESS OF THE PARTY AND A		cident Excess	\$5000
	ukit Ave 8, #05-01/02 Premium Building (S)	415875 Tel: 90910000	Mataysia Ac	Cident Enter	
4) Towing Service - Gap Towing	Tel: 90090092		***	and .	1000
ntal must be transfer to Skyline	Auto Credit (OCBC Bank account 6	528-405599-001) on e	very FRID	PAT alven is true	and correct.
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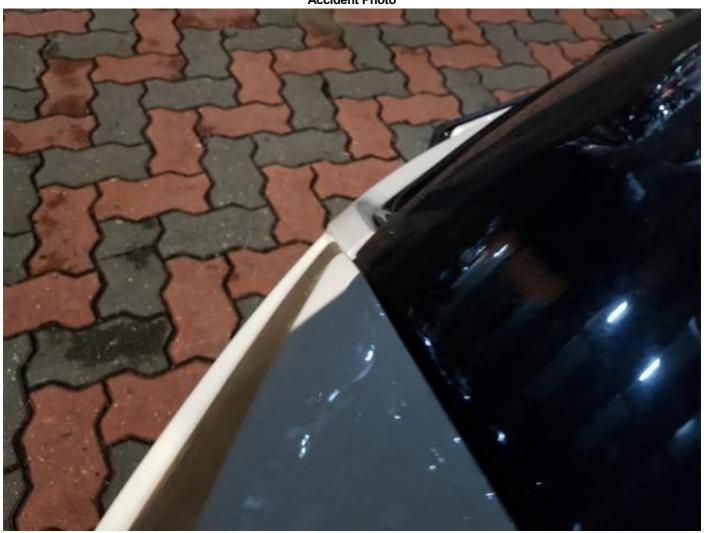
















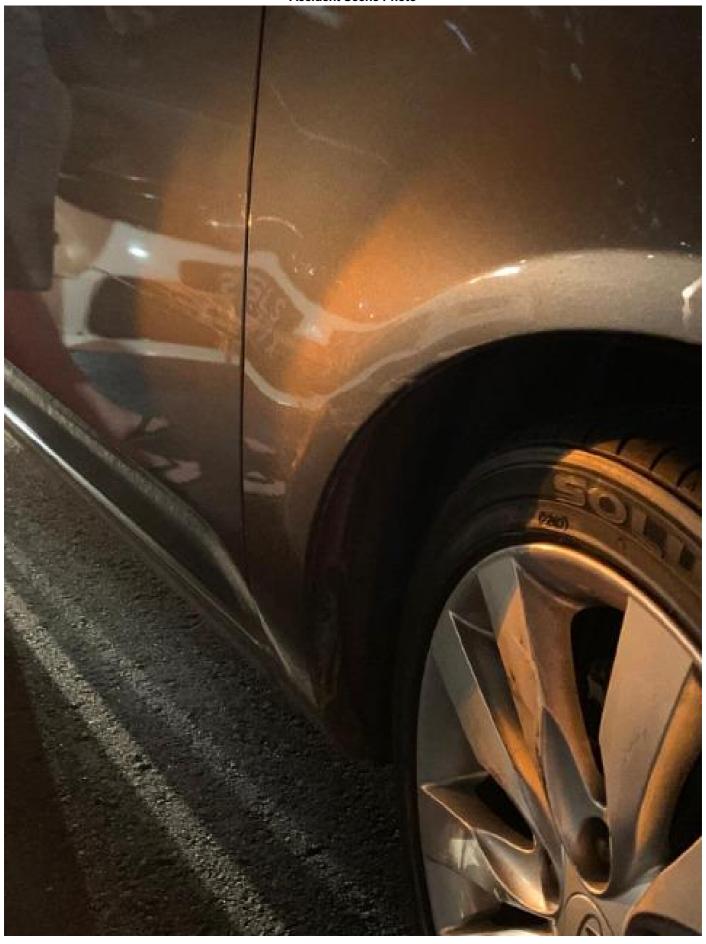


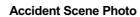
Chassis Number



Odometer Reading











Accident Scene Photo

Skyline Au	COLUMN COLUMN TWO IS NOT THE OWNER.		Date of Agrees	8183	17
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