

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	27/08/2019 16:51
Date Of Accident	27/08/2019 08:30
Exact Location Of Accident	HILLVIEW FLYOVER TWDS CLEMENTI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD6534L
Insured/Policyholder	
Name Of Registered Owner	CHAN KOK FAI
NRIC No	S1526686D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97397632
Alternative Phone No	OFFICE-97397632
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2174465
Cover Note Number	
Driver	
Name of Driver	CHAN KOK FAI
NRIC No	S1526686D
Date Of Birth	10/09/1962
Occupation	INDOOR
Date Of Driving Pass	10/04/1997
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97397632
Fax Number	
Contact Number	OFFICE-97397632
EMail Address	NOEMAIL



Address	BLK 104 TECK WHYE LANE #07-458
Postcode	680104
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	2
Was any body injured in the Accident?	YES
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)	3
Passenger 1	NAME: : CHAN MING ZHANG GENDER: : MALE
Passenger 2	NAME: : CHAN YING SIEW GENDER: : FEMALE

#### 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

ON 27/08/2019 AT ABOUT 0830HRS, I WAS TRAVELLING ALONG HILLVIEW FLYOVER TOWARDS CLEMENTI. THE TRAFFIC WAS MODERATE. I CAME TO A STOP AS THERE WAS A JAM IN FRONT. BEING STATIONARY FOR AT LEAST MINS, I FELT A HUGE IMPACT FROM BEHIND. I GOT OFF MY VEHICLE A AND NOTICED IT WAS A CHAIN COLLISION. VEHICLE B COLLIDED ONTO THE BACK OF MY VEHICLE A CASUING SEVERE DAMAGES TO THE ENTIRE REAR PORTION OF MY VEHICLE A. VEHICLE B AS SHOWN IN MY VIDEO ALSO STATIONARY. THE HUGE IMPACT CAME FROM VEHICLE C CAUSING VEHICLE B TO COLLIDE ONTO 2 VEHICLES (A & B). I WOULD LIKE TO STATE I HAVE 2 PASSENGERS IN MY VEHICLE.

#### 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	SLP9181A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	MAK YEUW FOUN



NRIC/Passport Number S1230221E  
Contact Number 93826806  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKD5088T  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE C  
Vehicle Category PRIVATE CAR  
Name of Driver CHERRY YEO  
NRIC/Passport Number S9809171H  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHAN MING ZHANG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SMD6534L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name CHAN YING SIEW  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SMD6534L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode



## Sketch Plan Pg. 1


### SKETCH PLAN


#### IMPORTANT NOTICE

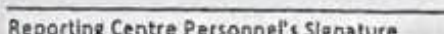
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.

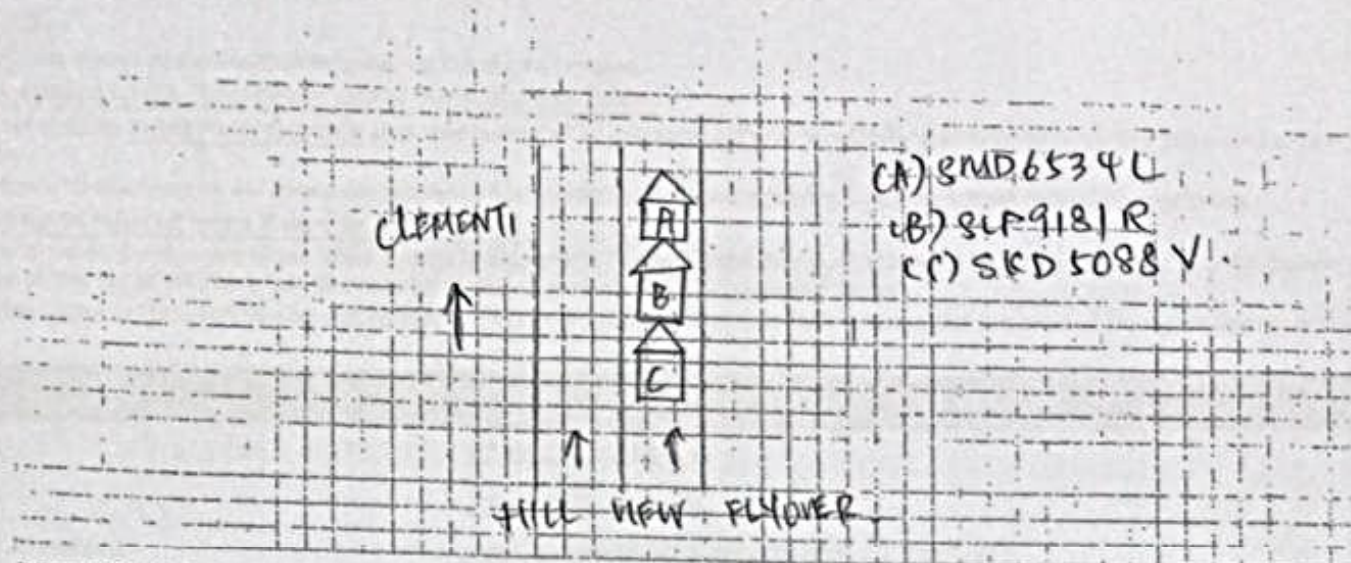
  
Policyholder's Signature  
Date & Time:

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

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



# Sketch Plan #2 Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27th Aug 2019 at about 8:30hrs, I was traveling along Hill View Flyover towards Clementi. The traffic was moderate. I came to a stop as there was a jam in front. Being stationary for at least 2mins I felt a huge impact from behind.

I got off my vehicle (A) and noticed it's a chain collision. Vehicle (B) collided to the back of my vehicle (A) causing severe damages to the entire rear portion of my vehicle (A).

Vehicle (B) as shown in my video was also stationary. The huge impact came from vehicle (C) causing vehicle (B) to collide onto 2 vehicles (A) + (B).

I would like to state I have 2 passengers in my vehicle - My son: Chan Ning zhang  
My daughter: Chan Ying Siew

## DECLARATION

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

Policyholder's Signature  
Date & Time: 27-Aug-2019

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

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