### 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/10/2019 15:59
Date Of Accident	04/10/2019 07:10
Exact Location Of Accident	SUMANG 226 CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP1580Y
Insured/Policyholder	
Name Of Registered Owner	TEO SUE SAN
NRIC No	S8113297F
Email Address	CYNTHIATEO0508@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82888843
Alternative Phone No	OFFICE-82888843
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I30-1.4 GLS 5DR DCT TURBO (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	YES
Policy Number	VPA/92333654
Cover Note Number	

### **Driver**

Name of Driver

TEO SUE SAN
NRIC No
S8113297F

Date Of Birth
08/05/1981

Occupation
INDOOR
Date Of Driving Pass
02/04/2002

Driving Experience 17 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82888843

Fax Number

Contact Number OFFICE-82888843

EMail Address CYNTHIATEO0508@HOTMAIL.COM

130 PUNGGOL WALK Address

#07-16

Postcode 82776

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**

COLLISION - MAJOR/MINOR RD Type Of Accident

Weather Conditions **RAINING** WET Road Surface

### 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 YES

Was any other material or property damaged?

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**

AT 0711AM, I WAS DRIVING STRAIGHT NEAR TO SUMANG 226 CARPARK, A DARK GREY KIA CAR B (SKG 6089 K) TURNED OUT AND CROSS OVER THE OTHER SIDE A THE LANE AND COLLIDED TO MY CAR. CAR B HIT BOTH THE DRIVER AND BACK DOOR.

### Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES Remarks/ Reasons: **OWNER** Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKQ6089K

Vehicle Make/Model/Colour

CAR B

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver JOANNE TOH CHUI THENG

NRIC/Passport Number S8940548C Contact Number 81137323

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

### **SKETCH PLAN**

### **IMPORTANT NOTICE**

- 1. Please report **correctly** the details of the accident to speed up the claims process.
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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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 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: 40 (4 19

4-20 pm

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

SKETCH PLAN			
			A-SMP 1580
	Sumano		
₹- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	726	472	B-SKQ 6089K
		2000/2000 Pro	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
<u> </u>		rusclad is a	- La Civiana a 22/
At OF. 11 am, I Compark. A	dark arm Wing st	i Car B	ir to sumang 226 (SKH 6089 K)
turned out	and cross our	v the ot	her side A the.
lane and co	Ilided to my o		B hit both the
driver and	back door.		
		. ,	
<b>DECLARATION</b> I/We declare the foregoing part	iculars are true in every respect.	/,	\$ 110700
	. ( )	(-	
Policyholder's Signature	Driver's Signature		Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyhold	ler) N	Jame: JRIC/FIN No.:
SIARIAC Shehendhandhana, 92	Date & Time: 4 Oct 1		· /
	4.7	(All)	

### Sketch Plan #3 Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8113297F





TEO SUE SAN (ZHANG SHUSHAN) 张 淑 珊

长 淑 場 Race CHINESE

Date of birth S
08-05-1981 I
Country of birth
SINGAPORE

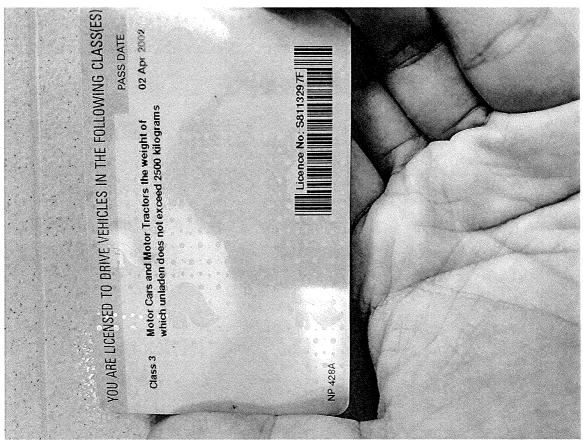
61**1329**7F

Date of issue 27-06-2011

130 PUNGGOL WALK #07-16 ECOPOLITAN SINGAPORE 828776 NRIC No: \$8113297F Date: 28/11/2016

### Sketch Plan #4 Pg. 1





### Sketch Plan #5 Pg. 1

**AXA INSURANCE PTE LTD** 

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel:1800 8804888 Fax:-Website:www.axa.com.sg GST Registration Number: 199903512M customer.care@axa.com.sg



Private Cars COMP ENDORSEMENT Original

POLICY	INFORMATION				Po	licy No. :	VPA/P2333654		
Source		:	(01)	15369	GS	ASSURANCE	AGENCY	PTE	LTD

Insured : TAN YUNG MING IMMANUEL (CHEN YONGMING

IMMANUEL)

Address : 130 PUNGGOL WALK #07-16 ECOPOLITAN

#07-16 ECOPOLITAN SINGAPORE 828776

Period of Insurance : From 13/09/2019 To 12/09/2020 (Both Dates Inclusive)

Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

Transaction No.

: 00002

Effective Date

: 13/09/2019

#### ENDORSEMENT

Vehicle Registration No. SMP1580Y

The following named driver is deemed to be included:-

Name : Teo Sue San(Zhang Shushan)

Nric no : S8113297F
Date of birth : 08/05/1981
Marital status : Married
Gender : Female
Driving experience : 17 Years
Occupation : Indoor
Relationship : Spouse

All other Terms, Exceptions and Conditions remain unchanged.

AXA INSURANCE PTE LTD

Authorized Signature

IMPORTANT :

This Endorsement should be read in conjunction with the Terms and Conditions of the Policy.

Issued by - SGOSFBA2 on 02/10/2019

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