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

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| | ACCIDENT STATEMENT |
| Date Of Report | 04/10/2019 12:27 |
| Date Of Accident | 03/10/2019 17:00 |
| Exact Location Of Accident | ALONG PLAYFAIR ROAD & MACPHERSON ROAD |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLP8803X |
| Insured/Policyholder | |
| Name Of Registered Owner | SONG XIAO |
| NRIC No | S8857019G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90289727 |
| Alternative Phone No | OTHERS-90289727 |
| Vehicle Particulars | |
| Manufacturer | PEUGEOT |
| Model | PEUGEOT / 2008 1.6 E-HDI EGC ACTIVE |
| 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 | NO |
| Policy Number | GA483998/1 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SONG XIAO |

Name of Driver SONG XIAO
NRIC No S8857019G
Date Of Birth 01/01/1988
Occupation INDOOR
Date Of Driving Pass 26/12/2017

Driving Experience 1 YEAR AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90289727

Fax Number

Contact Number OTHERS-90289727

EMail Address NOEMAIL

Address 497A TAMPINES STREET 45 #10-12 SPORE 520497

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : LOW CHEW HOON

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ8660A

Vehicle Make/Model/Colour LAND ROVER / DISCOVERY SPORT 2.0 SI4 SE 7STR

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

- - 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.

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

Name: J. Com

Reporting Centre Personnel's Signature

| | : 4 macphevson Ro | ad |
|------------------------|----------------------|-------------------------|
| sulcina A | | |
| rehicu A: | | A |
| vehicle 13: | 8K-186604 | |
| | | В |
| | - Holder I | - Playtair Road |
| DESCRIBE CIRCUMSTANCES | OF THE ACCIDENT | |
| on the | stated date Y time | e, I, vehicle 'A', SLP1 |
| | | |
| was ctationary | on the stated veni | ce before the stop-lin |
| Approximately a | bout 1 minute later | . Vehicle B. EKZBAGO |
| J . | | |
| hit onto my | stationary vehicle's | rear portion. |
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 Class 3

26 Dec 2017

passengers, exclusive of driver; and other motor

vehicles with unladen weight =< 2500kg

Licence No:S8857019

NP 428A

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