

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	09/10/2019 15:58
Date Of Accident	09/10/2019 11:20
Exact Location Of Accident	FARRER RD AND HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1271C
Insured/Policyholder	
Name Of Registered Owner	AMY LOUISE MALONE
NRIC No	G5157171T
Email Address	AMYDAVIS99@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91269482
Alternative Phone No	OFFICE-91269482

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-1.6 GLS TURBO (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1883817
Cover Note Number	

Driver

Name of Driver	AMY LOUISE MALONE
NRIC No	G5157171T
Date Of Birth	29/10/1976
Occupation	INDOOR
Date Of Driving Pass	27/12/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91269482
Fax Number	
Contact Number	OFFICE-91269482
Email Address	AMYDAVIS99@GMAIL.COM

Address	61 GREENWOOD AVE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : FLORENCE MALONE GENDER: : FEMALE
Passenger 2	NAME: : JENNIFER ROBUSURA 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

REFER ATTACHED

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	SMK7193J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ELIZABETH
NRIC/Passport Number	
Contact Number	96796768
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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: 9/10/19

Driver's Signature

(If driver is not the policyholder)

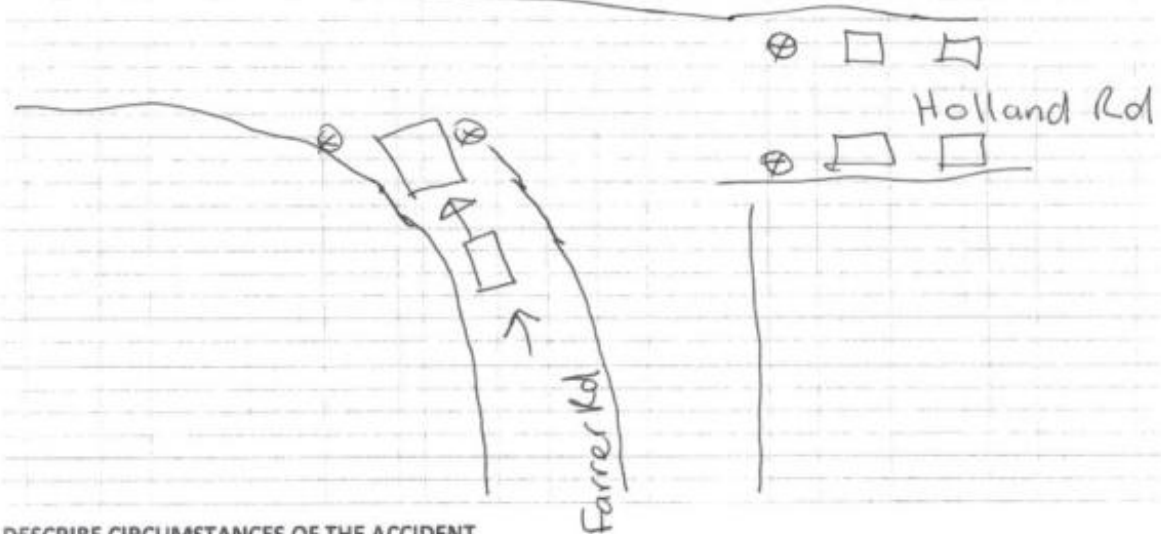
Reporting Centre Personnel's Signature

Name: ASYRAF



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning left off Farrer Rd onto Holland Rd. The car in front of me (SMK7153J) stopped at the stop sign and I stopped behind them. The route was clear so they took off. I looked to my right to check the oncoming traffic and went to move forward to the stop sign but SMK7153J had stopped again without me seeing and I hit back of the vehicle. No one was injured, we exchanged details. My car has no damage.

DECLARATION

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





INSURANCE CERT

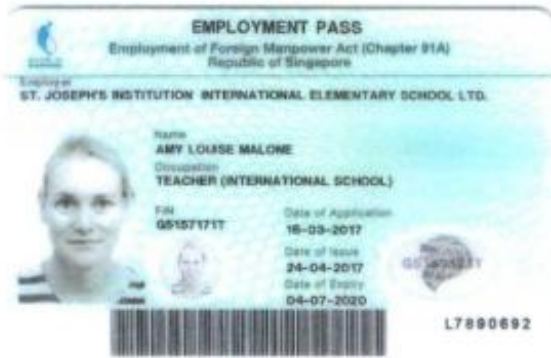
AXA PTE LTD
 100, North Bridge Road, #24-01
 Singapore 068811
 Tel: (65) 63387288 Fax: (65) 63382522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Original

POLICY INFORMATION		Policy No. : VPA/P1883817
Source	: (01) 08260 KOMOCO TRADING P/L (HY)	
Insured	: AMY LOUISE MALONE	
Address	: 61 GREENWOOD AVENUE SINGAPORE 289266	
Business/Profession	: TEACHER Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 06/01/2017 To 05/01/2018 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 40.00% : SGD 1,349.76		
NCD		
Safe Driver Disc	: SGD 107.98	
8.00%		
GST 7.00%	: SGD 86.92	
Annual Premium	: SGD 1,328.70	
Total Payable	: SGD 1,328.70	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SLK1271C	
Type Of Use	: Private Car	
Make/Model	: HYUNDAI TL TUCSON 2.0 GLS AT 2WD	
Year of Manufacture	: 2016	Seating Capacity (excl. Driver) : 04
Body Type	: SPORTS UTILITY VEHICLE	Engine C.C. : 1999
Engine No.	: G4NAGU316928	Chassis No. : KMHJ3813MHU383861
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance		
Hire Purchase	: MAYBANK	
Basic Own Damage Excess	: SGD	
Named Drivers		
1 AMY LOUISE MALONE		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
MEMORANDUM A		
Make & Model : HYUNDAI TL TUCSON 2.0 GLS AT 2WD		

Driving License



NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

