

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	17/10/2019 13:43
Date Of Accident	16/10/2019 14:05
Exact Location Of Accident	VIVO CITY B1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9022H
Insured/Policyholder	
Name Of Registered Owner	LIN KAI ZHEN
NRIC No	S8413870C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97831263
Alternative Phone No	OFFICE-66944919

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	VPA/P2159895
Cover Note Number	

Driver

Name of Driver	TAN TUCK YIH (CHEN DE YI)
NRIC No	S7726081A
Date Of Birth	30/08/1977
Occupation	INDOOR
Date Of Driving Pass	03/06/2005
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91018562
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 522C TAMPINES CENTRAL 7 #17-29
Postcode	523522
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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: : UNKNOWN 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

PLEASE REFER TO FOLLOWING ATTACHED, THANK YOU (COLLISION - VEHICLE B REVERSE AND COLLIDED ON TO INSURED)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML1821Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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


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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.

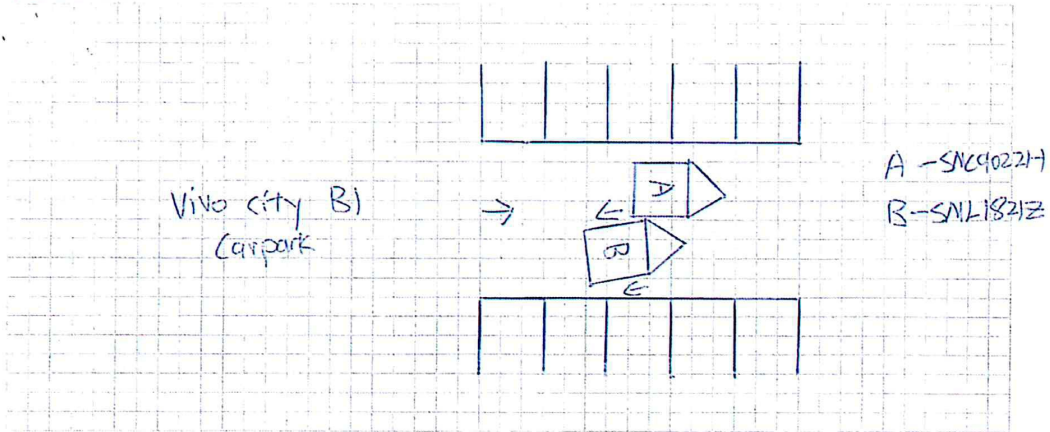

Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in Vivo city B1 carpark behind vehicle R in a single way Road. As vehicle R keeps to the right and stop without any indications, I moved towards the left and slow down more to take extra precaution before I overtake the vehicle R. AS I was about to pass vehicle B completely, vehicle R start to reverse and hit onto my vehicle near right portion. All these was captured in my in-car camera.

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.:



EDMOND

SIARMC SketchPlanForm_V3

Sketch Plan Pg. 3

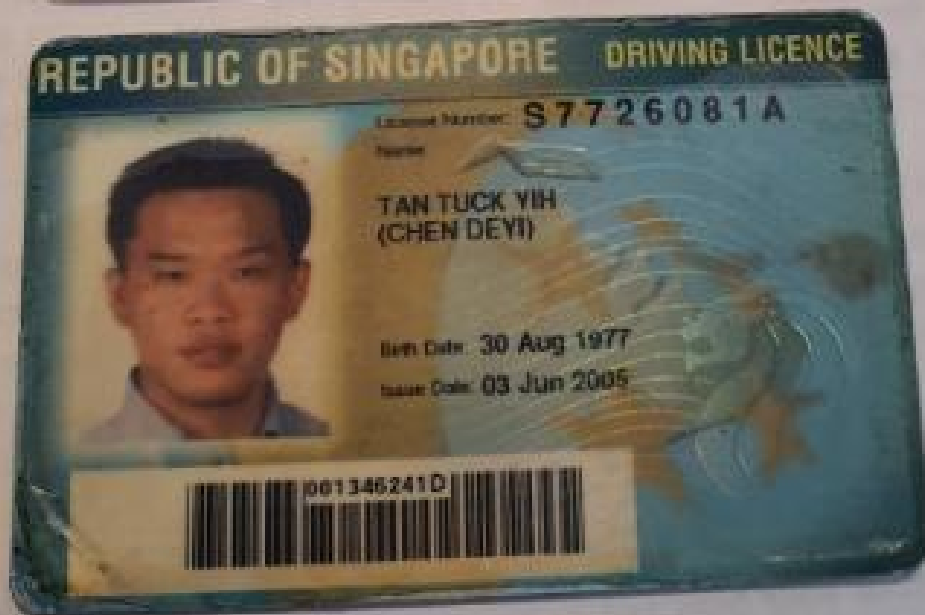
I (Owner Name) Lin Kaizhen i/c S8413870C owner of this
car no. SMC9022H authorize the driver (Name) Tan Tuck Yih i/c no.
S7726081A to file accident report which happened on (Accident Date)
16/10/19 at (Location) 1404 hrs.

Owner's Name : Lin Kaizhen
Signature : [Signature]

OWNER IC



Identification Card



CERTIFICATE OF INSURANCE

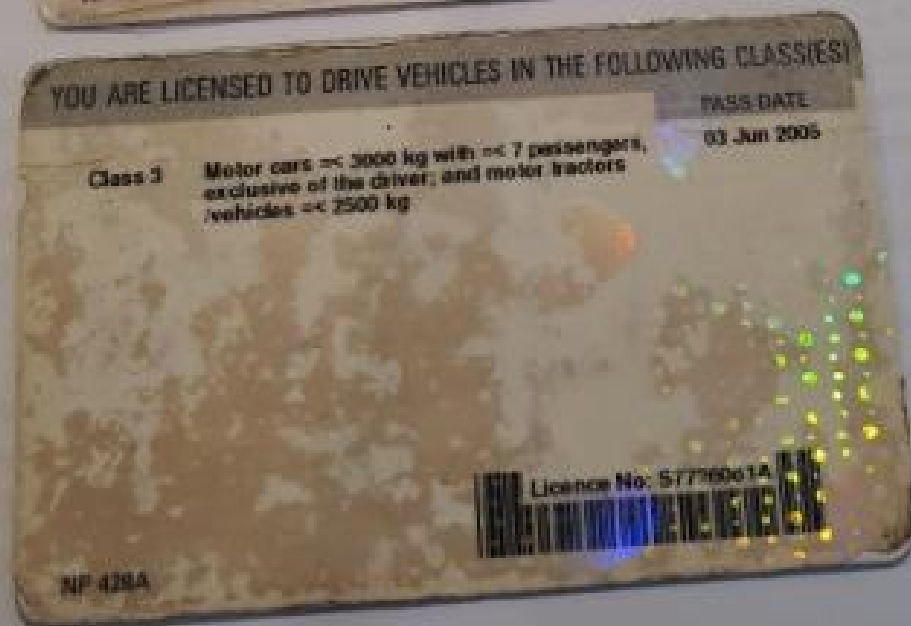
INSURANCE PTE LTD
 100-110, North Bridge Road, #14-01
 A Tower, Singapore 009811
 Customer Centre 8011-21
 Tel: 1800 8504000 Fax:
 Web: www.aaa.com.sg
 GST Registration Number: 199603112M
 Customer Care: @aaa.com.sg



Private Cars COMP
POLICY SCHEDULE
RENEWAL
 Duplicate

POLICY INFORMATION		Policy No. : VPA/F2119893
Source	: (01) 00260 KOMODO TRADING PTE LTD (MY)	
Insured	: LIN KATZHEN	
Address	: BLK 522C TAMPINES CENTRAL 7 #17-13 SINGAPORE 523522	
Business/Profession	: CIVIL SERVANT Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 27/07/2013 To 26/07/2014 (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 50.00% NCD	: SGD 958.00	
Safe Driver Disc 8.00%	: SGD 76.64	
NCD Protector	: SGD 70.51	
GST 7.00%	: SGD 66.63	
Annual Premium	: SGD 1,018.50	
Total Payable	: SGD 1,018.50	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SMC9022H	
Type Of Use	: Private Car	
Make/Model	: HYUNDAI ELANTRA AD 1.6 GLS AT	
Year of Manufacture	: 2013	Seating Capacity (excl. Driver) : 04
Body Type	: SALOON	Engine C.C. : 1591
Engine No.	: G4FGJU221450	
Chassis No.	: KMED841CMJU716984	
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	
<u>Extra Coverage(Premium Breakdown)</u>		<u>Limit (SGD)</u>
NCD Protector		Premium (SGD) 70.51
<u>Excess Applicable</u>		
Basic Own Damage Excess	: SGD	
<u>Named Drivers</u>		
1 LIN KATZHEN		

Identification Card





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

