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, yo aforesaid.	bu hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/10/2019 18:08
Date Of Accident	25/10/2019 17:30
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY BEFORE SPEED TRAP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC6438Z
Insured/Policyholder	
Name Of Registered Owner	EVERLAST MARINE SERVICES PTE LTD
Co Reg No	199001351W
Email Address	EVERLASTMARINE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91086651
Alternative Phone No	OFFICE-67423995

Vehicle Particulars

Manufacturer NISSAN

Model SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (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 GA190494/1

Cover Note Number

Driver

Name of Driver

CHUA KIM HAI

NRIC No

S0227671B

Date Of Birth

20/11/1954

Occupation

OUTDOOR

Date Of Driving Pass

27/11/1973

Driving Experience 45 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91086651

Fax Number

Contact Number

EMail Address NOEMAIL

286D TOH GUAN ROAD #10-12 SINGAPORE 804286 Address

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** DRY Road Surface

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

NO

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YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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

Please see attached files

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

SLZ6613M

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

Sketch Plan

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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, adknowledge, 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)
 - processing, handling and/or dealing with my daims including the settlement of the daims 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) admin'stering 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")
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRICIEN No.: SIX779 TUFF

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CONSENT LETTER

The Manager / Officer

Accident Reporting Centre

Singapore

Date:....

Owner Letter of Consent

1 (Owner's Name) Everlast Marine Services (Owner's NAK No) 199001	35/W
(Owner's Vehicle Make & Model) NISSON SY/BAY Car Number Plate SLC	64382
hereby authorise (Name of Driver) CHUA KIM HAI	
(Driver's NRIC No.) SO 2.2. to file a traffic accident report happ	sened on
(Date of Accident) 35/10/2019 (Place of Accident) Along Ayer Ray	2/
Expressing before speed trap	
(Time) 1730Avs	
AL (S)	
Owner's Signature	

INSURANCE CERTIFICATE





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Certificate of Insurance

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Limitation as to use*

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AXA Insurance Pte Ltd

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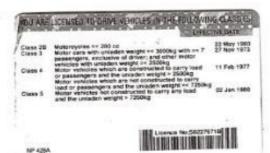
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Driver - SLC 6438Z











Hp: 91086651 Email: Querlastmarine @ ringnet.com.sg

















