SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Postcode

Was driver an employee of the Insured's Company No

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be $\underline{\text{completed by the Policyholder and/or the Authorised Driver}}$
- 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 ability
- 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 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 | 29/07/2014 09:49 |
| Date Of Accident | 28/07/2014 13:40 |
| Exact Location Of Accident | BEACH ROAD / OPHIR ROAD JUNCTION TO ECP |
| Country/State of Loss | Singapore |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SDZ980L |
| Insured/Policyholder | |
| Name Of Registered Owner | SUNG LI LING |
| NRIC No | S1804646F |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | JAZZ-1.5 S (A) |
| Exact Purpose for which vehicle was being used at time of accident | PASSENGER CAR |
| Are you claiming under your own insurance policy for repair to your vehicle? | Yes |
| If No, Please state action to be taken | |
| Vehicle Category | Private Car |
| Insurance Company | |
| Name of Insurance Company | AXA Insurance Singapore Pte Ltd |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | VPA/P0906969 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SUNG LI LING |
| NRIC No | S1804646F |
| Date Of Birth | 30/06/1967 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/08/1986 |
| Driving Experience | 27 Years And 11 Months |
| Gender | Female |
| Mobile Number | (Local) +65-98775610 |
| Fax Number | |
| Contact Number | Office-68282516 |
| EMail Address | LILING@TEMASEK.COM.SG |
| Address | 54 TERANG BULAN AVENUE |

455577

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 Unknown - SIDE TO SIDE

Weather Conditions Clear Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No

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 ATTACHED REPORT. LATER REVERT TO THIRD PARTY CLAIM.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9409E

Vehicle Make/Model/Colour CHEVROLET / RED

Details Of Properties LEFT SIDE DOORS

Name of Driver YVONNE LEONG ANQI

NRIC/Passport Number S1754107B Contact Number 93859811

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Details of Witness

Name

Phone Number Email Address

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Vehicle No SDZ 9 fol

SKETCH PLAN

Annex D

IMPORTANT NOTICE

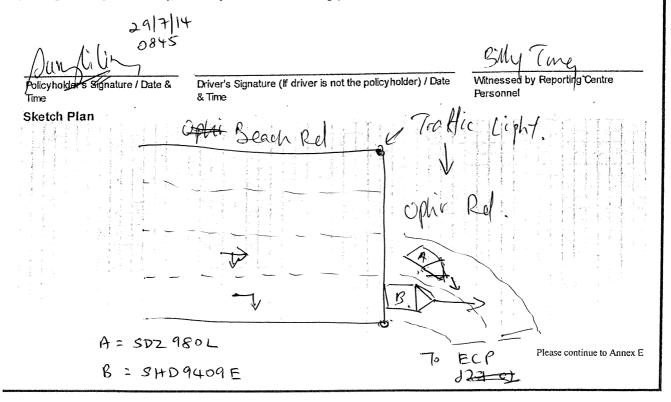
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- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



| Vehicle No SDZ 9 & L | Annex E |
|--|--|
| Describe Circumstances of the Accident | |
| Describe Circumstances of the Accident At junction of Beach Road Jophir Road. There are I twin I gines. SDZ 980 L was on the lane that is from Exoreme in ght laine, waiting to thin night in ophir Road. Vehical was stationary. Taxi CSHE came from behind on extreme night laine, is a night turn only laine and went sova on. Tati is suppose to thin night but diand went sovaight on. Damage to SDZ 98 as a result. | 2 night 2nd 20400E) NMCh night anot |
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| | |
| Declaration We declare the foregoing particulars are true in every respect. | |
| Policyholder Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Personnel | ng Centre |







