

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	21/01/2020 12:04
Date Of Accident	19/01/2020 15:20
Exact Location Of Accident	HAVELOCK SQUARE IN FRONT FURAMA HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9399G
Insured/Policyholder	
Name Of Registered Owner	HAGEM BRIGITTE ROSA
NRIC No	SXXXX060B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96316834
Alternative Phone No	OFFICE-96316834

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180

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 THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	GA347713/1
Cover Note Number	

Driver

Name of Driver	FREDERICK WONG CHEE KIONG
NRIC No	SXXXX059I
Date Of Birth	22/07/1951
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1985
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97363066
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	62 FARRER RD #02-04 S(268847)
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	1

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 THE SKETCH PLAN

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	SBJ816L
Vehicle Make/Model/Colour	MERCEDES BENZ/GREEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA EE CHIEN
NRIC/Passport Number	SXXXX954G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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B. 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 agent(s) (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 complete claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) above may be stored / 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 regulatory, legal or court orders.



Policyholder's signature
Date & time



Insurer's signature
Name of the authorised person
Date & time

李光華 廖曉輝

LEE KUAN HWA MOTOR SERVICE
39, Westwood Avenue, Singapore 858719
TEL: 6299 9162 FAX: 6299 2239 H/P: 9891 1712

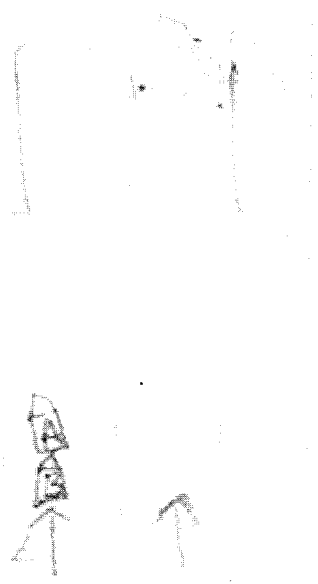
Insuring Party's Representative Signature
Name
Date & time

Sketch Plan #2

SKETCH PLAN

Vehicle A SMA 8277A

Vehicle B SBJ 816L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/1/2020 at 3.20 p.m.

I was travelling turning towards Havelock Square (in front of Furama Hotel). Suddenly a car (No SBJ 816L) hit the rear of my car.

DECLARATION

I/We declare the foregoing particulars to be true & correct.

Judnick Wong

Full Name of Signatory
Driver's Name

Judnick Wong

Full Name of Signatory
Witness's Name (if the policyholder)
Signature of Witness

李光華 廖偉煒

LEE KUAN HWA MOTOR SERVICE

39, Westwood Avenue, Singapore 648719

TEL: 6269 9152 FAX: 6269 2239 HRP: 9631 1722

For printing, please leave this space blank

Name

Signature